

Actd 29.11.67

4211  
COUNTY COUNCIL OF ESSEX



# ANNUAL REPORT

OF THE

## Principal School Medical Officer

FOR THE YEAR

**1966**





COUNTY COUNCIL OF ESSEX



# ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

**1966**

---

---

J. A. C. FRANKLIN, M.B., B.S., D.P.H.

PRINCIPAL SCHOOL MEDICAL OFFICER

85/89 NEW LONDON ROAD, CHELMSFORD

Tel. Chelmsford 53233



Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

<https://archive.org/details/b29195482>

## CONTENTS

---

	<i>Page</i>
Preface .....	5
The Education Committee .....	8
Staff of the School Health Service .....	9
General Statistics .....	11
Medical Inspections .....	13
Findings at School Medical Inspections .....	13
Treatment of Defects .....	16
Speech Therapy .....	19
Child Guidance Service .....	20
School Psychological Service .....	23
Report of the Principal School Dental Officer .....	24
Audiology Service .....	29
School Child Chest Health Survey .....	29
Handicapped Pupils .....	30
B.C.G. Vaccination .....	37
Infectious Diseases .....	37
Health Education .....	37
Physical Education .....	38
Road Accidents .....	38
Appendices	
A—Medical, Dental Inspection and Treatment Inspection Returns .....	40
B—Child Guidance Statistics .....	47
C—Summary of Handicapped Pupils .....	48
D—Notification of Infectious Diseases .....	49
E—Report on Dental Service by Mr. J. Rodgers, L.D.S., of Department of Education and Science .....	50
F—Report of Senior Advisers of Physical Education .....	51
G—Report of Senior Peripatetic Teacher of the Partially Hearing .....	53
H—Report of the School Meals Organiser .....	54
I—Report of Mr. George C. Robb, Psychologist to the Education Committee .....	55
J—Minor Ailment, Specialist and Child Guidance Clinics .....	63



## P R E F A C E

85-89 NEW LONDON ROAD  
CHELMSFORD  
*October, 1967*

*To the Chairman and Members of the Education Committee*

It is with pleasure that I present, as Principal School Medical Officer, my Annual Report for the year 1966.

As can be seen from the results of periodic medical inspections during the year, the school children of Essex continue to enjoy good health; only 0.09 per cent. of the total number of children examined were considered unsatisfactory and 93.3 per cent. were completely free from defects. These figures are the same as those for the previous year, and as in past years, the largest numbers in need of treatment and observation were found among the new entrants to school. The continued use of the selective system of examination in Colchester has stimulated the North-East Essex Division to introduce the scheme for intermediate medical inspections, closely following the procedure used by Colchester, where the system now covers approximately half the schools in the Borough; at this stage in North-East Essex the scheme affects about 30 per cent. of the school children. Further comment on this can be found in the Report.

In the Report of the Principal School Dental Officer, it is gratifying to note that despite great difficulties in the recruitment of staff, especially in the Thurrock and Harlow Divisions, progress was made in the School Dental Service and a high degree of efficiency and skill was maintained. Mr. J. Rodgers, of the Department of Education and Science, who visited the County in November 1965, recognised this in his report but pointed out that, although there had been a gradual improvement in the overall position there was an urgent need for more staff to enable the service to maintain its high standard of work and to continue to fulfil its obligations. Of this, we are of course acutely aware but this need applies throughout the country and is not peculiar to Essex.

A great deal of the success of the School Dental Service can be attributed to the fact that children, otherwise reluctant to attend a dentist, willingly go in the company of school fellows and here credit must be given not only to the teaching staffs for their almost unanimous support but also to the expanding Health Education Service which in addition to covering general topics, ranging from Parentcraft and Accident Prevention to Drug Addiction, has made a considerable amount of progress in the field of Dental Health. The five-year Harlow campaign has now been completed and the second School Dental Health Campaign was initiated in the Chigwell area in April 1966. The aim of these Campaigns is not only to teach children the importance of caring for their teeth in order to assist the prevention of dental decay and diseases of the gums,

which are prevalent in children, but also to eliminate their fear of the dental surgery. Indicative of the advance in Health Education in Essex is the fact that between 80 and 90 per cent. of the schools sell some of the recommended substitutes for sweets and biscuits on school premises in an attempt to further this aim, and even greater improvements can be hoped for in the near future. Proof of the statement that conservation of a child's teeth is the main policy of the School Dental Service is indicated by the exceptionally low number of teeth extracted in proportion to the amount filled in school children. I feel it is worthy of note that the School Dental Service in Essex has, for many years, been run on the lines detailed by the Chief Medical Officer of the Department of Education and Science and the Ministry of Health in his draft model scheme included in his report "The Health of the School Child."

With the increasing popularity of swimming among school children, more schools are being equipped with their own swimming pools. This, however, places greater responsibilities upon Head Teachers and Divisional School Medical Officers who must take every precaution to eliminate the dangers of the transmission of infection. To this end, there has been stricter control over chlorination during the year, the schools concerned being required to make regular checks on the residual chlorine in the bath water and also on the P.H., and to make weekly returns relating thereto to the Divisional School Medical Officer.

It had been a cherished hope that the Audiology Service, following a belated start, would grow from strength to strength but unfortunately the Consultant Otologist, Dr. S. E. M. Bates, announced that, contrary to increasing the number of sessions, he would have to give up the work completely. He kindly undertook to assist as far as possible with a reduced number of sessions but the service was severely curtailed and we look forward to the appointment of his successor.

Special mention must also be given to the School Child Chest Health Survey, put into operation by the London School of Hygiene and Tropical Medicine, assisted by the staff of the North-East Essex Division, to investigate the possible effects of air pollution and other environmental factors on respiratory tract disorders in children. Although no findings have been recorded as yet, I feel sure that the results of the survey could be of great value to those connected with the Health Services.

In compiling this Report I am indebted to the Chief Education Officer for his co-operation in presenting the School Meals Service report and the report on the Milk in Schools Scheme and to the Senior Advisers of Physical Education and the Medical Directors of the Child Guidance Clinics for their valuable contributions. I must also express my appreciation to the Chief Constable of Essex for the information relating to road accidents among the school

population of Essex; from this it can be seen that there is still an urgent need for concentration upon road safety drill and accident prevention for school children.

Before concluding, I wish also to thank the Education Committee for their help and support during the year under review, the Chief Education Officer and his staff for their co-operation and my staff and all others who have been concerned in any way with the School Health Service.

I am, Ladies and Gentlemen,

Your obedient Servant,

J. A. C. FRANKLIN

Principal School Medical Officer

**County Council of Essex**  
**EDUCATION COMMITTEE**  
(as at 31st December, 1966)

Chairman : Alderman Mrs. E. Coker, B.Sc.

Vice-Chairman : Alderman Brigadier J. T. de H. Vaizey

**COUNTY COUNCIL MEMBERS**

*Aldermen :*

Sir William Bennett, C.B.E., D.L., J.P.	G. E. Rose, J.P.
K. E. B. Glenny, O.B.E.	W. A. Sibley
S. Woodfull Millard, J.P.	H. R. Turner
	S. S. Wilson, O.B.E., J.P.

*Councillors :*

Mrs. E. W. Borthwick	A. Jones, M.B.E., J.P.
J. M. Brown	Mrs. E. R. Komlosy
Brigadier T. F. J. Collins, C.B.E.	A. C. Mason
J. L. M. Crofton	T. R. Mott
D. H. Crosfield, J.P., M.A.	E. G. Perry
G. C. S. Curtis, O.B.E.	Mrs. B. C. Platt
J. E. Daniels	W. C. Redbond
F. J. Davis	F. L. Ridgwell
R. W. Dixon-Smith	Mrs. C. Sidebotham, M.A.
R. H. Dyball, O.B.E., T.D.	E. J. Sole
R. J. P. Eden	Mrs. D. M. M. Stieber
Mrs. M. E. Edwards	J. E. Tabor, O.B.E., M.A.
H. Gochin, J.P.	Mrs. E. M. Tuck
Mrs. M. Gray	D. V. Wilson
F. H. Hodgson	W. R. Wright
F. W. Hyde	

**REPRESENTATIVES OF DIVISIONAL EXECUTIVES**

Mrs. S. Anderson	D. J. Maidment
E. P. Duffield	A. C. Moles
G. T. Field	W. A. Nichols, J.P.
P. J. Harty	E. Trippier

**REPRESENTATIVES OF UNIVERSITIES**

F. C. C. Edmonds, M.A.	G. H. R. Newth, M.A.
H. Marriot, D.Eng., B.Sc.	E. Rudd, B.Sc., Ph.D.

**PERSONS OF EXPERIENCE IN EDUCATION**

The Venerable A. V. G. Cleall	The Rev. Canon M. M. Martin
H. J. Collins	P. S. Powell
L. F. Grant, O.B.E.	The Rev. F. J. Saurin
Mrs. D. W. Higgins, Ph.D.	L. S. Webb

**REPRESENTATIVES OF TEACHERS**

J. W. Barltrop	N. H. Fanshawe
Miss M. A. L. Colleer	D. T. Meyrick
R. F. Ellis	

# STAFF OF THE SCHOOL HEALTH SERVICE

(as at 31st December, 1966)

---

## CENTRAL OFFICE

*Principal School Medical Officer:*

J. A. C. FRANKLIN, M.B., B.S., D.P.H.

*Deputy Principal School Medical Officer:*

R. D. PEARCE, M.R.C.S., L.R.C.P., D.P.H.

*Principal Medical Officer:*

ELIZABETH M. SEFTON, M.R.C.S., L.R.C.P., D.C.H., D.P.H., L.M.,

*Principal School Dental Officer:*

J. BYROM, L.D.S.

*Superintendent Nursing Officer:*

Miss J. F. CARRE, S.R.N., S.C.M., Q.N., H.V.Cert.

*County Health Inspector:*

S. E. WILLIS, M.A.P.H.I.

*Statistician:*

W. H. LEAK, B.A., F.S.S.

*Health Education Organiser:*

C. E. WILLIAMS

## DIVISIONAL STAFF

### *Divisions*

North-East Essex	.....	.....
Mid-Essex	.....	.....
South-East Essex	.....	.....
Thurrock	.....	.....
West Essex	.....	.....
Harlow	.....	.....
Basildon	.....	.....
Colchester	.....	.....

### *Divisional School Medical Officers*

JOHN D. KERSHAW, M.D., M.R.C.P., D.P.H.
J. L. MILLER WOOD, V.R.D., M.R.C.S., L.R.C.P., D.P.H
D. A. SMYTH, M.B., B.S., C.P.H., D.P.H.
T. D. BLOTT, B.Sc., M.B., B.S., D.P.H.
I. G. YULE, M.B., Ch.B., D.P.H., D.C.H.
I. ASH, M. D., D.P.H
P. X. O'Dwyer, M.B., B.Ch., D.P.H
JOHN D. KERSHAW, M.D., M.R.C.P., D.P.H.

**Other Divisional Staff**  
 (excluding staff employed by Regional Hospital Boards)

			Number employed	Aggregate of time given to School Health Service (in terms of whole-time officers)
School Medical Officers	.....	.....	54	19.53
Area Dental Officers	.....	.....	6	24.45
Dental Officers	.....	.....	35*	
Health Visitors/School Nurses	.....	.....	217	79.51
Nursing Assistants	.....	.....	8	7.75
Dental Surgery Assistants	.....	.....	40	29.71
Speech Therapists	.....	.....	18	13.00
Psychiatric Social Workers	.....	.....	6	5.17

\* includes sessional officers

## GENERAL STATISTICS

The Registrar General's estimate of population for the Administrative County at mid-year 1966 was 1,077,680 of whom approximately 165,700 were children of school age (i.e. 5-15 years).

### School Population Mid-Year 1966

		<i>Primary Schools</i>	<i>Secondary Schools</i>	<i>Total</i>
North-East Essex .....	.....	12,101	6,265	18,366
Colchester .....	.....	7,160	5,469	12,629
Mid-Essex .....	.....	24,060	13,843	37,903
South-East Essex .....	.....	12,540	5,642	18,182
Thurrock .....	.....	12,553	8,446	20,999
West Essex .....	.....	14,200	8,254	22,454
Harlow .....	.....	11,216	6,312	17,528
Basildon .....	.....	15,196	7,463	22,659
Boarding Schools .....	.....	—	696	696
<b>Total 1966</b>	.....	<b>109,026</b>	<b>62,390</b>	<b>171,416</b>
<b>Total 1965</b>	.....	<b>104,725</b>	<b>60,936</b>	<b>165,661</b>

### Number of Schools

Primary Schools	...	...	...	...	...	...	482
Secondary Schools (including grammar schools)						...	116
Technical and other Colleges	...	...	...	...	...	...	10
Nursery Schools	...	...	...	...	...	...	2
Special Schools for handicapped children				...	...	...	16

## Distribution of Special Schools

The 15 Special Schools in the Administrative County (excluding Notley Hospital School) cater for handicapped pupils in the following way :—

Category of handicapped pupil	Divisional Executive	Day Schools	Residential Schools	Sex	Accommodation
Educationally subnormal	Colchester .....	1	—	Mixed	120
	Mid-Essex .....	—	1	Male	58
	Mid-Essex .....	1	—	Mixed	100
	S.E. Essex .....	1	—	Mixed	120
	Basildon .....	1	—	Mixed	132
	Thurrock .....	1	—	Mixed	120
	Thurrock .....	1	—	Mixed	75
	West Essex .....	—	1	Female	65
	West Essex .....	—	1	Male	120
	Harlow .....	1	—	Mixed	100
Total .....		7	3	—	1,010
Maladjusted .....	N.E. Essex .....	—	1	Male	45
	N.E. Essex .....	—	1	Male	45
	West Essex .....	—	1	Mixed	42
	Total .....	—	3	—	132
Delicate and/or physically handicapped	N.E. Essex .....	—	1	Mixed	90
	Thurrock .....	1	—	Mixed	100
	Total .....	1	1	—	190

## Children in Hospital Special Schools at end of 1966

During 1966 the number of children admitted to the Notley Hospital School was 202 and the number remaining on the roll at the end of the year was 55.

## Number of School Clinics

Minor ailments .....	.....	.....	.....	.....	.....	.....	.....	51
Dental .....	.....	.....	.....	.....	.....	.....	.....	49
Ophthalmic .....	.....	.....	.....	.....	.....	.....	.....	22
Speech Therapy .....	.....	.....	.....	.....	.....	.....	.....	51
Physical Medicine .....	.....	.....	.....	.....	.....	.....	.....	5
Orthoptic .....	.....	.....	.....	.....	.....	.....	.....	5
Enuresis .....	.....	.....	.....	.....	.....	.....	.....	1
Audiology .....	.....	.....	.....	.....	.....	.....	.....	3

Further details are referred to in Appendix J.

## MEDICAL INSPECTIONS

A total of 41,656 pupils were examined at periodic medical inspections during the year ended 31st December, 1966, and 16,389 at special inspections in comparison with 40,071 and 15,664 respectively for 1965, showing a slight increase in periodic medical inspections and a decrease in special inspections.

The schemes of selective medical inspection continued in the North-East Essex and Colchester Divisions and the following are extracts from the Reports of the Divisional School Medical Officer, Dr. J. D. Kershaw :—

### *North-East Essex*

The interest of medical officers in selective inspection has grown in consequence of the development of the selective system in Colchester and after a conference of medical staff it was agreed that three medical officers working in the Division should adopt the selective system for intermediate inspections in their schools. The procedure followed will be on the same lines as that introduced in Colchester, namely the circulating of a questionnaire to parents and the maintaining of close contact between the school nurse, the school medical officer and the staff of the school, children being selected for inspection on the results of the questionnaire followed by further enquiry, taking into account the findings of the school nurses at general survey examinations and any suggestions or recommendations by head teachers about children who might require special examination.

The system was introduced only during the last term of the year and therefore it would be premature to comment on its working. At this stage it covers approximately 30 per cent. of the primary school children in the Division and it may be interesting to see how the statistics on the incidence of defects compare between those schools which are using the selective system and those which are relying on routine inspections.

### *Colchester*

The selective system of medical inspection continues in approximately half the schools in the Borough. During the year the medical questionnaire form was revised and a new standardised form was prepared which is now being used by all medical officers in both the Borough and the Division who operate the selective system.

## FINDINGS AT MEDICAL INSPECTIONS

(See also Appendix A)

### **Physical Conditions of School Children**

It is gratifying to report that only 36 (0.09%) children out of the 41,656 examined at periodic medical inspection were found to be unsatisfactory, which is the same as last year. Only 2,795 of the children inspected were found to require treatment, leaving 38,861 (93.3%) free from defects.

## Periodic Medical Inspections : number of children with defects 1966

<i>Age Groups Inspected (by year of birth)</i>	<i>Number of children inspected</i>	<i>Number of children with defects requiring treatment</i>	<i>Ratio of children with defects to children inspected</i>
1962 and later .... ....	426	23	1 : 18.5
1961 .... .... ....	6,125	392	1 : 15.6
1960 .... .... ....	9,082	538	1 : 16.9
1959 .... .... ....	1,433	91	1 : 15.7
1958 .... .... ....	489	29	1 : 16.9
1957 .... .... ....	296	26	1 : 11.4
1956 .... .... ....	2,571	136	1 : 18.9
1955 .... .... ....	6,251	356	1 : 17.6
1954 .... .... ....	2,562	163	1 : 15.7
1953 .... .... ....	906	78	1 : 11.6
1952 .... .... ....	2,929	274	1 : 10.7
1951 and earlier .... ....	8,586	687	1 : 12.5

### Percentage found to require treatment

		<i>Defective Vision</i>	<i>Other Conditions</i>
1962 and later	.... ....	0.23	5.16
1961	.... ....	1.65	5.00
1960	.... ....	1.64	4.53
1959	.... ....	2.51	6.49
1958	.... ....	3.07	2.86
1957	.... ....	3.72	5.41
1956	.... ....	2.92	2.57
1955	.... ....	3.17	2.78
1954	.... ....	3.98	2.62
1953	.... ....	4.53	4.19
1952	.... ....	5.53	4.17
1951 and earlier	.... ....	5.01	3.21

Compared with 1965, a rather larger proportion of entrants was found to require treatment but at most older ages the proportion needing treatment was less than in 1965. For school leavers there was very little change. The incidence of defective vision (requiring treatment) tended to be somewhat higher than in 1965 for primary and lower for secondary school children. More entrants and leavers were considered to need treatment for conditions other than defective vision.

### **Cleanliness Inspections**

A total number of 150,660 pupils were inspected during the year under review and 515 were found to be infested. Twelve cleansing notices were issued under Section 54(2) of the Education Act 1944 and 5 cleansing orders under Section 54(3).

The proportion of children inspected who were found to be infested was 0.34% which is slightly lower than last year when the figure was 0.37%.

### **School Meals Service and Milk in Schools Scheme**

Once again I have to thank the Chief Education Officer for his co-operation in arranging for the Report on the School Meals Service and Milk in Schools Scheme, as shown in Appendix H to this Report.

## TREATMENT OF DEFECTS

(See also Appendix A)

### Diseases of the Lungs

During 1966, 30 children were found at periodic medical inspections to require treatment because of lung defects and a further 805 were referred for observation. Of the 30, 24 were found on examination as school entrants, one at intermediate examination, and 5 as school leavers.

Seventy-one other children were seen at special inspections because of defects of lungs, 9 of whom were found to require treatment and 62 were referred for observation.

Ogilvie School, Clacton-on-Sea, which caters for physically handicapped children, continued to admit children with lung conditions which were sufficiently severe for them to be classified as handicapped pupils.

### Heart Disease

At periodic medical inspections 50 children were found to be suffering from heart conditions requiring treatment, and 572 were recommended for observation, 22 of those requiring treatment and 323 requiring observation, were found at the school entrants inspection. At special inspections 48 children with heart conditions were seen, 6 subsequently being referred for treatment and 42 for observation.

### Diseases of the Ears

*Hearing.* During the year under review, 142 children were found at periodic medical inspections to require treatment for hearing difficulties and 828 were referred for observation. Of the 142, 90 were found as school entrants, 27 at intermediate inspections and 25 as school leavers. 605 school entrants were referred for observation. In addition, at special inspections, 202 children were seen and of these 63 were referred for treatment.

*Otitis Media.* 31 children were found at periodic medical inspections to require treatment for Otitis Media and 515 were referred for observation.

*Other.* There were only 12 children found at periodic inspections to require treatment for other defects of the ear and 158 were recommended to be kept under observation.

### Orthopaedic Defects

*Posture.* At periodic medical inspections 31 children were found to require treatment for postural defects and 416 needed to be kept under observation.

*Feet.* The number of children found with foot defects has continued to increase and in 1966, 142 were recommended for treatment and 1,162 for observation. Of the 142, 71 were found at the school entrants inspection, 44 at intermediate inspections and 27 as school leavers. Over and above those found at periodic inspections, 16 pupils were recommended for treatment and 87 for observation at special inspections.

As in past years, it is noted that the largest numbers, both for treatment and observation, are in the new entrants to school, i.e. 71 for treatment and 564 for observation.

*Other.* Other Orthopaedic defects found at periodic medical inspections requiring treatment numbered 71, and 924 were recommended for observation.

### Skin Conditions

During the year 1,832 children were found at periodic and special medical inspections to require treatment or observation for skin conditions, 1,355 of these being found at periodic inspections.

Of these, one was a case of ringworm of the body, 4 were cases of scabies and one was impetigo.

### Minor Ailments

The following table shows the number of pupils treated at Minor Ailment Clinics during the year under review, with comparative figures for 1965.

	1965	1966
External and other eye diseases, excluding errors of refraction and squint .....	199	157
Diseases of the ear, nose and throat (non-operative treatment) .....	219	199
Skin diseases, excluding uncleanliness .....	1,243	1,688
Miscellaneous minor ailments (including enuresis)	1,803	1,139

Attendances at Minor Ailment Clinics numbered 19,400, compared with 15,640 in 1965.

### Enuresis

The Enuresis Clinic at Harlow continued to operate during 1966 and the following is a report forwarded to me by Dr. I. Ash, Divisional School Medical Officer :—

The number of enuresis clinic sessions was increased to three a fortnight but despite this there was a waiting list throughout the year and at the end of December, 25 children were awaiting treatment. The electric buzzer was used as the main method of treatment and details of the cases dealt with during the year are given below :—

		New Cases	Old Cases	Receiving further treatment after relapse
Cured	.....	12	8	5
Greatly improved	.....	7	4	—
Slightly improved	.....	—	2	—
Spontaneous recovery	.....	—	4	—
Failed to continue treatment	.....	12	9	3
Referred to Child Guidance				
	Clinic	3	—	1
Still under treatment	.....	46	6	13
		—	—	—
Total	.....	80	33	22
		—	—	—

### Diseases of the Eye and Defective Vision

Children found at periodic medical inspections to require observation or treatment because of diseases of the eye showed a slight increase over the previous year, i.e. 4,608 for 1966 against 4,415 last year. Of these, 3,910 were for defective vision.

### Recuperative Holidays

During 1966, 112 children were provided with recuperative holidays under arrangements made through the School Health Service.

## SPEECH THERAPY

During 1966, 956 children were referred for speech therapy and 793 children commenced treatment. At the end of the year 1,195 children were receiving treatment and 181 were on the waiting list. Details of the types of defect being treated are given in the following table.

Speech Defect	Under 5 years of age	Number of Children			
		Attending Infant Schools	Attending Junior Schools	Attending Sec. Schools	Attending Special Schools
Delayed development, including aphasia .....	98	113	42	10	43
Defect of articulation .....	54	266	229	39	44
Stammer .....	4	17	54	50	5
Stammer and articulation defect combined .....	1	13	13	3	6
Defect associated with hearing loss .....	2	11	11	2	5
Disorder of voice .....	2	7	13	8	1
Unclassified .....	3	11	8	2	5
<b>TOTAL</b> .....	.....	164	438	114	109
					1,195

## CHILD GUIDANCE SERVICE

The Child Guidance Service continued as in previous years and details of the cases referred, treated and completed can be found in Appendix B to this report.

Dr. H. N. Davy, Medical Director of the Colchester Child Guidance Clinic for the past 20 years, retired in September 1966 and his duties were taken over by Dr. Beatrice Crocket. The following is an extract from her report :—

" The number of referrals to the Clinic mount steadily, our cases being referred by General Practitioners, School Medical Officers and Paediatricians among them. The actual number of families referred has risen again this year from 228 to 240. During the short time that I have been at the Clinic I have found most of these referrals were appropriate. It seems to me to be important to examine the sources of referral, as the cases referred to us reflect the views held about our rôle by those who seek our advice. Residential placement has been arranged for nine children during the year. /

We are fortunate to have on the staff two experienced and highly trained Psychiatric Social Workers in Miss D. Hill and Miss M. Digby who carry out both intensive individual and group therapy with parents, and family psychiatry with the Psychiatrists. This year, for the first time, we had the pleasure of helping three students from the Ipswich Child Care Officers' Course, with part of their training. They attended the Clinic on three days a week from September 1966 to January 1967, and came under the supervision of the Psychiatric Social Workers. They both received and gave much to the Clinic, and it is probable more students will come to us from this Course next September.

Treatment can be offered in all appropriate cases, as we have on the staff, in addition to the Psychiatrists, Miss Ethel Perry, as full-time lay Psycho-therapist. Miss Perry has also had extensive training in group psycho-therapy, and is able to give, in addition to intensive psycho-therapy for individual children, treatment for groups of children. At present she has nine groups in treatment of children of varying ages between 5 and 16 years. This is a remarkable achievement in view of the very demanding nature of this work, and is of central importance to the therapeutic work of the Clinic. Miss Perry also finds time to assist with the training of the students at the Clinic, and to participate in lectures to teachers, probation officers, nurses and others, and medical meetings both in the vicinity and in London."

The following extracts from a report by Dr. J. G. Vincenzi, Consultant Psychiatrist at the Chelmsford Clinic, are of interest :—

"It will be seen from my figures that the number of referrals is slightly lower this year, but on the other hand the waiting list has increased from 39 to 56. This is largely due to the fact that one of the Psychiatrists was ill for five weeks and it was not possible to obtain the services of a locum.

We continue to be severely handicapped by a shortage of Social Workers. Our establishment is for three whole-time Psychiatric Social Workers but in fact we have one full-time Social Worker, who was ill for a considerable part of last year, and a part-time one just for two days a week and less in the school holidays. This is also a factor in our inability to reduce our waiting list. We still have no Psycho-therapist and we have attempted to make this up by using the Remedial Teachers for taking play groups. This has to a great extent been successful. All members of the staff have done their utmost to make up for deficiencies but it has not been possible to give as good a service as is desirable.

#### Special Unit for children showing the autistic type of syndrome

There is a need for a Special Unit of this sort, and I think it would be best situated in the Borough of Chelmsford. As so little is known about the etiology of this condition the treatment would consist of specialised education of a high staff/pupil ratio, and although I think that such children should always be considered as a dual responsibility, both medical and educational, it would be well situated at the Hayward Special School."

Dr. J. N. Runes, of the Basildon Child Guidance Clinic, in his report states :—

"We are still having difficulties in keeping up with the increasing number of referrals, in spite of having seen a record number of new cases during the year 1966. We have at present a waiting list of about 100 cases. The planned increase of Psychiatric Sessions would have gone a long way in alleviating the situation but unfortunately the two extra sessions envisaged by the Board had to be postponed. We are now adequately staffed with Educational Psychologists and this fact has been of great help in our work.

Part of our work for the South-East Essex Division has been transferred to the provisional clinic at Hadleigh. There is a fortnightly attendance at Hockley which has replaced the clinic at Rayleigh. Our regular clinical work includes periodic attendance at the Child Development Centres in South-East Essex which are arranged by the Divisional M.O.H., viz: at Great Wakering and Hockley. A combined clinic with the Consultant Paediatrician, Dr. Wickes, is held at either St. Andrew's Hospital or at the Basildon Child Guidance Clinic.

A long-standing feature has been the discussion group with the House-mothers in charge of the various Greater London Council Homes in Basildon. These discussions are held about twice a year. We are also seeing children referred to us by the Children's Department of the London Borough of Tower Hamlets.

The occasional referral of children for placement at a School for Maladjusted Children presents now little difficulty as our liaison with the Special Department in Chelmsford, which deals with such placements, has become very close. We are also very grateful for the increased facilities for the admission of small children who are very disturbed to the Psychiatric Units at Colchester and at Whipps Cross. We are greatly indebted to Dr. Turle of the Beech House Adolescent Unit in Charlton, Kent, for admitting the odd very disturbed adolescent, in particular as his initiative in this respect is entirely voluntary, his Hospital being outside our region. No news has been given to us about the opening of a similar Unit in our region."

During the year a satellite Clinic attached to the Harlow Child Guidance Clinic was opened at Loughton and has proved very successful as it now allows patients to attend either Harlow or Loughton, whichever is the more convenient.

### **Staffing**

The establishments and staff in post at the end of December 1966 are shown in Appendix J.

### **Referrals**

The following table gives details of the sources of referrals to the Child Guidance Clinics :—

<i>Source of Referral</i>	<i>Number</i>	<i>Per cent.</i>
School Medical Officers and Health Visitors	314	22.1
General Practitioners .....	293	20.7
Consultants .....	77	5.4
Educational Psychologists .....	222	15.7
Head Teachers .....	104	7.3
Children's Officer .....	57	4.0
Probation Officers .....	49	3.5
Magistrates .....	67	4.7
Direct referrals .....	175	12.3
Others .....	60	4.3
Total* .....	1,418	100.0

\* Excluding 29 re-opened cases.

As in previous years, the main sources of referral are School Medical Officers, Health Visitors and General Practitioners, although the number of cases referred by Educational Psychologists has increased by 37 over the figure for last year. Further details may be found in Appendix B to this Report.

### **The School Psychological Service**

The Chief Education Officer, to whom I am indebted, has supplied me with the Report by the Psychologist to the Education Committee on the School Psychological Service for the year 1966, which may be found in Appendix I.

## **REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR 1966**

This is the second Annual Report recorded since the London Government Act, 1963 was implemented, and some comparisons are now justified. It may be seen later in the Report that, under all the material headings, there are welcome advances. Black spots in the Service are found in Harlow, where there is no Area Dental Officer, and in Thurrock, where the staffing situation is particularly bad. To make matters worse for the children in Thurrock, the number of general dental practitioners, so I understand, is few. No doubt they too are working under conditions of stress, and are attending to as many children as their practices allow.

As I mentioned last year, the inspection of children on school premises identifies the Service with school life, which is a good thing. Many children who would otherwise prove difficult attend Clinics willingly in the company of their school fellows. One must again acknowledge the willing support from the teaching staffs, without which the Service would be much the poorer.

The County Council is not a Housing Authority in the strict sense of the term, and its powers to provide accommodation are limited. The offer of accommodation would help recruitment.

### **Liaison with other Branches of the Profession**

This is maintained as previously reported, and the regular meetings tend to overcome or minimise differences in professional opinion which may occur. Sometimes one is asked about sessional employment in the Service.

### **Staff**

The establishment is one Principal School Dental Officer, eight Area Dental Officers, and 40 Dental Officers. The staff, at the end of the year, for clinical duties in the School Dental Service was the equivalent of 23.4 whole-time Officers (in addition, there was the equivalent of 3.5 Dental Officers engaged in work for the Maternity and Child Welfare Services). 221 evening sessions were also worked for older school children and Maternity and Child Welfare patients.

Of the above staff, 19 were Sessional Dental Officers working the equivalent of 5.5 sessions per week for the School Dental Service.

Mr. C. C. Grant, Area Dental Officer, South-East Essex, left during the year to take up an appointment with another Authority.

### **Statistics**

111,878 (89,736) pupils were inspected during the year, and, of these, 50,244 (42,493) were found to require treatment. 26,121 (24,331) received treatment. 22,802 (20,740) courses of treatment were completed.

NOTE.—All figures quoted in parentheses refer to 1965.

Unfortunately, the impact of these increases is limited by the increase in the school population. The ratio of the number of permanent teeth filled to the number extracted—the remarkable one of 9 to 1—shows that the staff are conservation minded, and it is a fact that a School Dental Service in general stands or falls on its conservation programme.

### General Anaesthetics

5,968 (5,634) administrations were undertaken during the year. Only 43 (172) of these were carried out by a Dental Officer, and in all these cases a second Dental Officer was in attendance. It is a rule that only under the most urgent circumstances should a Dental Officer anaesthetise and operate himself. This work, for children who are ambulant and only rarely under sedation, calls for great patience and a high degree of skill. It is unfortunate that many children have their introduction to dentistry by way of multiple extractions and the need for a general anaesthetic.

The general anaesthetic machines are serviced regularly under contract with the makers, so that as far as is possible the calibration indicators give accurate readings of the mixture of anaesthetic gases, especially the oxygen content. Anaesthetic agents other than dental gases are available and are used according to the wishes of the anaesthetist, and an emergency oxygen circuit is incorporated in all the machines.

It will be necessary in the future to give some consideration to the use of intravenous anaesthesia, and this will call for the attendance at post-graduate courses of a certain number of anaesthetists. Techniques alter rapidly and since it is now considered necessary to be able to put a patient in a supine position in the dental chair the question of chair fitments to meet this requirement is having attention.

### Orthodontics

There is still a great demand for this important part of dental treatment, especially by girls when they begin to be conscious of appearance. The cosmetic improvements in some of these cases is quite remarkable. 271 (270) cases were completed during the year.

### Ionising Radiation arising from the Medical and Dental use of X-rays

In July 1966 the Ministry of Health issued Circular 13/66, which deals with a code of practice for the protection of persons against ionising radiation arising from the medical and dental use of X-rays. The only item of X-ray equipment is that used by the Dental Service, and proper arrangements have been made for the safety of the patients and staff by the provision of protective, lead-lined clothing and the use of high-speed films. The staff have been through the Monitoring Service provided by the Radiological Protection Service, and it is interesting to note that, without exception, they all came through this test

successfully. This shows an understanding of correct techniques, and the satisfactory condition of the X-ray machines. Arrangements have been made for regular monitoring, and inspection of the apparatus.

The Circular also calls for the appointment of a Supervisory Medical Officer and a Radiological Safety Officer and the Deputy County Medical Officer of Health and the Chief Dental Officer have been appointed, respectively, to these posts.

### **Residential Schools**

*Special Schools.* Of the seven Residential Special Schools under the care of the Committee, six had good dental cover either by School Dental Service staff or by arrangements with local general dental practitioners, the one exception being the Hassobury School, where there was emergency cover.

*Maintained Boarding Schools.* The three Secondary Modern Boarding Schools are fully covered; Elmbridge by arrangement with Surrey County Council, Fyfield at Ongar Clinic, and Kennylands by arrangement with a general dental practitioner at Reading.

### **Dental Appliances**

The arrangements for the fabrication of these are as reported for the last several years, namely that dentures and orthodontic appliances are made by several technicians to the profession and by the Dental Laboratory at Barking. 94 dentures (94) and 584 (639) orthodontic appliances were made.

### **Premises and Equipment**

The Committee has 38 premises with one surgery, and 9 with two surgeries. It continues to hire the premises of a Sessional Dental Officer at Brightlingsea for the treatment of pupils there, and the Medical Room at Stansted Secondary Modern School is still in use. The new rooms at the Hockley Clinic came into use during the year.

The standard of equipment in the County is now generally good.

In the event of the Committee employing Dental Auxiliaries, who must work under close supervision to the instructions of the Dental Surgeon, some Clinic precincts may be found suitable for housing mobile dental units. This matter is now being considered.

### **Post-Graduate Courses**

Two members of the staff attended the Annual Conference of the British Dental Association, one member attended a course on orthodontics, and four attended a one-day course at Kodak Ltd., on X-ray techniques.

### **Dental Health Education**

New entrants to school are found, on average, to have five decayed, missing, or filled milk teeth out of a total complement of 20. At the other end of school life, pupils leave with about ten decayed, missing, or filled so-called permanent teeth out of a complement of 28, and the scope for the prevention of dental disease is obvious from these figures.

The rules for maximum dental health may be summarised as follows :—

1. Eat nourishing meals, and nothing sweet or sticky in between;
2. Finish meals with raw fruit or vegetables, or rinse the mouth with water;
3. Brush the teeth and gums regularly, especially after breakfast, and always last thing at night;
4. Have regular dental inspections.

The incidence of dental disease may be influenced by :—

- (a) The character of the food eaten, e.g. savouries are to be preferred to sweets, and sticky, sugary foods are particularly bad.
- (b) The frequency of eating.
- (c) The extent to which food debris is removed from the mouth by natural saliva flow, tooth brushing, or cleansing foods.

The five-year campaign at Harlow is now completed, and a second campaign in the Chigwell area (West Essex Division) to teach children methods of self-help, was initiated in April 1966 following a meeting with Head Teachers at the Divisional Education Office at Buckhurst Hill. The campaign got off to a good start at the Hereward County Primary School, when the school was visited by nearly all the Head Teachers of the locality, the Dental Adviser and Chief Dental Officers of the Inner London Education Authority, the Dental Health Teacher of the Oral Hygiene Service, and others. The Chief Dental Officer to the Ministry of Health and Department of Education and Science attended the Parent/Teachers' Society evening meeting held during the week. The activities at the school were covered by the local newspapers.

I wish to thank the Head Teacher and staff of the Hereward School, the Divisional School Medical Officer, and the Divisional Education Officer for their enthusiasm and support.

At the time of writing all the County Primary Schools in Chigwell except one have been visited, and arrangements are proceeding for visits to the secondary schools. It is pleasing to report that the original enthusiasm continues.

In 1963, the Chief Education Officer and the Principal School Medical Officer addressed a letter to Head Teachers advising that refined carbohydrate foods should not be sold in school tuckshops. Following a questionnaire to Head Teachers late in 1966 it has become apparent that much less decay forming foods are being sold on school premises, in fact it is reasonable to conclude that, now, between 80 and 90 per cent. of schools sell some of the recommended substitutes for sweets and biscuits. Another letter on this same subject from the Chief Education Officer went out in January 1967, and further improvement may be expected.

The sound/colour film made as a record of a typical School Dental Health Week is in demand both inside and outside the County, and other appropriate films have been shown in many schools throughout the County.

The Committee agreed some time ago to allow the sale of toothbrushes in their Dental Clinics, and this continues.

Follow-up work in the Harlow schools is being carried out at regular intervals.

### **Control of Dental Disease**

The actual incidence of dental decay and the incipient presence of disease of the gums in children of school age is such that all ethical measures should be used in an attempt to bring about its control. These measures may be summarised as follows.

An adequate professional and ancillary staff to deal effectively at the right time with these morbid conditions; dental education to make people aware of the value of proper diet and the need to seek regular dental care; and the fluoridation of the water supplies up to 1 p.p.m. where this is locally practicable. If these three conditions were found together then one could look for control of this most prevalent of diseases. Much loss of time from school and work would be saved, much disfigurement prevented and an untold amount of suffering and misery forestalled.

### **Official Inspection of the Dental Service**

The Report of the Chief Medical Officer of the Department of Education and Science and the Ministry of Health, "The Health of the School Child," for 1962 and 1963, gave details of a Draft Model Scheme for the School Dental Service, and it may be said that the Service in Essex has been largely run upon these lines for many years.

In November 1965, Mr. J. Rodgers, L.D.S., one of the Dental Officers on the staff of the Department of Education and Science, visited Essex to review comprehensively the County Council's Dental Services, and the report was received in March 1966. This report is reproduced in full as Appendix E on page 50 of this Report.

I have no comment to make on this, other than that the shortages of staff, with consequent low inspection returns, are highlighted.

One of the preoccupations of the administration of the Service is the deployment of available staff in the best possible manner under all the circumstances.

J. BYROM

## AUDIOLOGY SERVICE

Unfortunately the Audiology Service suffered a severe set-back during 1966 with the resignation of Mr. S. E. M. Bates, Consultant Otologist. Every effort was made to find a suitable successor but no appointment had been made by the end of the year.

It has now been agreed with the North-East Metropolitan Regional Hospital Board that the post should be reclassified as "Consultant Audiologist" and it is hoped that an appointment will be made during 1967 and that these Clinics will once again serve a long-felt need.

## SCHOOL CHILD CHEST HEALTH SURVEY

At the request of Prof. Reed, Professor of Epidemiology at the London School of Hygiene and Tropical Medicine, arrangements were made to carry out a survey of the possible effects of air pollution and other environmental factors on respiratory tract disorders in children.

The Division selected in this County was North-East Essex and the survey covered approximately 1,000 children, i.e. 500 girls and 500 boys in the age range 6-10 years, 100 of each sex in each age group.

The survey was undertaken jointly by the staff of the Division and of the London School of Hygiene and Tropical Medicine in the latter part of the year, and the findings will be published in a later Report.

## CO-ORDINATION OF HEALTH AND WELFARE SERVICES FOR HANDICAPPED PERSONS

In accordance with the joint Circular issued by the Department of Education and Science (9/66) and the Ministry of Health (7/66) a conference was held between representatives of the Health, Education and Welfare Departments, as a result of which it was considered that the most expedient way of effecting an improvement in the arrangements for handicapped persons would be for a whole-time co-ordinating officer to be appointed to the staff of the Health Department, to undertake the following duties :—

- (1) keeping a central register of handicapped children and young persons;
- (2) exercising general oversight of all cases of handicapped children where the assistance of more than one County service is likely to be involved and ensuring that the services which can assist are made aware of the needs of the particular case;
- (3) arranging case conferences, in appropriate cases, at a sufficiently early stage to enable the departments or agencies which may ultimately be called on to assist, e.g. Youth Employment and Mental Health Services and the Welfare Department to undertake forward planning in relation to such matters as to the provision of sheltered employment facilities, etc.;

- (4) initiating action, where necessary and in consultation with the departments concerned, to enable a "nominated worker" to be appointed, as advocated in the Circular, to exercise supervision over a case in which more than one department is involved in order to achieve continuity of care and to make the more economical use of staff by avoiding duplication of visiting; and
- (5) bringing the services of any outside agency to bear on any particular case where such a course is considered desirable.

These arrangements are not intended in any way to diminish the responsibilities of the various departments.

The question of the appointment of a Co-ordinating Officer is still under consideration.

### HANDICAPPED PUPILS

Appendix C to this Report gives a summary of children who were ascertained as handicapped pupils at the end of 1966. 13.7 per thousand of the total school population were known to require special educational treatment.

#### Visits by Parents to Handicapped Children Boarded away from Home

During 1966 the Department of Education and Science issued a Memorandum stressing the desirability of regular visits by parents to children in boarding schools, including hospital schools, in order to maintain or establish a good family relationship. In accordance with this memorandum, parents would still be expected to pay their own travelling expenses if they could afford to do so, but where these were relatively high and it was impossible for the parents to visit as often as desirable in the interest of the child, the Local Education Authority could pay part or whole of the parents' travelling and other expenses incurred in making the visit. The Education Committee on 20th June, 1966, adopted a recommendation enabling the Chief Education Officer to pay expenses as above if he is satisfied that this is desirable.

#### Blind and Partially Sighted Pupils

The number of pupils on the register as blind at the end of 1966 was 27, five fewer than last year. Of these, 24 were at residential special schools and one at a day special school; one under 5 years of age and, one over 5 years were awaiting placement in special schools. Sixty-four children were on the register having been ascertained as partially sighted, 11 being newly assessed during 1966. Twenty-nine children were at residential special schools, 15 at day special schools, and two at ordinary schools. Seven children, three of whom were under 5 years of age, were awaiting placement in special schools. In addition to these, 11 children were on the register as partially sighted, but special educational treatment was not considered necessary.

## Deaf and Partially Hearing Children

Six children were newly ascertained as deaf during 1966 and 29 as partially hearing. At the end of the year, 45 and 155 children respectively were so ascertained.

Of the children ascertained as deaf, 16 were at day special schools, 23 at residential special schools and one at an ordinary school. Three were awaiting placement and, in addition, two who were on the register were not thought to require special educational treatment.

The placement of the 155 partially hearing children was as follows:— 46 at day special schools, 43 at residential special schools, 13 at ordinary schools and 5 elsewhere. Of these, 18 were under 5 years of age. 9 children ascertained as partially hearing were awaiting placement for special educational treatment. 39 children were on the register as partially hearing but were not considered to require special education.

A special unit for partially hearing children was opened in Harlow during 1966 and the following is an extract from the report received from the Divisional School Medical Officer :—

Some children with a hearing loss are able, if they wear their hearing aid and are visited regularly by the peripatetic teacher, to hold their own in an ordinary school. Others can find it very difficult indeed and because of the nature of their disability are liable to fall further and further behind other children in their school work. For these children a special unit has been opened at Tany's Dell. In the infants' school nine children aged from three to six are accommodated in a room which is specially acoustically treated so that there is no interference by echoes with what the children can hear. The room is fitted with microphones and receivers to amplify the sound for each individual child and there is a special booth where the children can be given individual instruction in speech. They are in the charge of a fully qualified teacher who was seconded by the County to take a year's full-time course in the teaching of the partially hearing. She has the assistance of a nursery nurse. These children are not isolated from the rest of the school but are a very happy group within the school, taking part in as many of the communal activities as possible.

The junior school also has a specially treated room with microphones and receivers; so far only two children of junior school age have been placed at the Unit but numbers will build up to the expected complement of eight. Again, this unit is in the charge of a qualified teacher, fully trained to teach children who are partially hearing and every encouragement is given to the children to join in the activities of the Tany's Dell Junior School as much as possible.

The Unit at Rayleigh continued throughout the year. Dr. D. A. Smyth, Divisional School Medical Officer, has provided the following Report :—

The Partially Hearing Unit at Glebe School continues to function effectively despite many changes occurring during the year, when the pattern of teaching groups and staffing underwent its greatest alteration since the unit first opened.

The year commenced with 14 partially hearing children receiving attention. A further 7 were admitted during the course of the year and 4 were transferred to schools for the deaf, not being able to fully benefit from the unit type of education.

In September the unit had to provide 3 classes, nursery, infant and junior, involving further staff changes and as the newly awaited Edward Francis Junior Unit could not be opened, it had to retain the "overgrown" infants who had already been with it for 3-4 years.

For special mention is the case of a 5-year-old severely deaf girl who spent June-August in Stanmore Orthopaedic Hospital and returned to school at the end of September in a plaster jacket which somewhat limited her movements. With the aid of a wheelchair and adjustable table provided through the Area Health Department, plus extra welfare supervision, the unit was able to cope.

I am indebted to Mr. Head (Peripatetic Teacher of the Deaf) and to Miss Bayley (Head Teacher Glebe School) and Miss Golland (Nursery Teacher Deaf Unit) for their constant assistance and co-operation throughout the year.

### **Delicate Pupils**

At the end of 1966, 295 children were on the register as delicate pupils and were receiving special educational treatment. 63 at day special schools, 125 at residential special schools, 3 at ordinary schools and 7 elsewhere. Eighteen children were awaiting placement and 79 were on the register but not considered to require special educational treatment.

The Branwood Open Air School continued to operate during 1966; the total number of children on the school roll rose from 66 to 85 and there was a small waiting list for admission. Various items of apparatus suitable for handicapped children have been purchased for the school. Dr. T. D. Blott, Divisional School Medical Officer, Thurrock, states :—

" Looking to the future it is hoped that the school will be able to make a more positive contribution to the education of the more heavily handicapped child, following the appointment of ancillary staff."

The Ogilvie Residential School, Clacton-on-Sea, continued to operate during 1966 and Dr. Kershaw has kindly furnished me with the following report :—

" This school, which now accepts 90 ' Delicate ' children, is functioning well and smoothly. As has happened with most schools in this cate-

gory, its functions have modified themselves in recent years to meet the changes in the prevalence of various kinds of handicap, the largest single disability-group consisting of twenty children with asthma. The others include diabetics, children convalescing from illness and children who, because of disturbance in their homes, are (usually temporarily) suffering from social or emotional troubles which may be affecting their physical health. The proportion of children who are 'delicate' in the old original sense of the word is quite small.

The children who are now being admitted most certainly need a longer or shorter period of special education and their proper care demands not only hard work but considerable capacity for perception and understanding on the part of the staff, who are proving equal to the challenge.

For reasons which are obvious and need not be explained, our use of the school for children living in the coastal area has to be limited. In 1966 only four such children were placed there, two as full boarders and two as weekly boarders, but they all seem to be benefiting by the placement.

It has been possible to provide the school with all the medical and para-medical help it needs, except in regard to physiotherapy, a field in which staff are particularly difficult to recruit. The Passmore Edwards House rehabilitation centre, which is close to the school, has given us as much help as possible but it, too, is short-staffed. Fortunately the number of children in the school who need physiotherapy is small and at most times it is possible to meet their essential requirements."

### Educationally Sub-normal Pupils

In 1966, 268 children were newly assessed as educationally sub-normal, 16 being under 5 years of age. At the end of the year the total number of children so ascertained on the register and receiving special educational treatment was 1,070, of which 747 were at day special schools, 231 at residential special schools, 73 at ordinary schools, and 19 elsewhere. In addition there were 195 children awaiting placement and 135 children were ascertained but not considered to require special educational treatment.

The list of schools in the Administrative County in the beginning of this Report shows that there are 7 day schools for educationally subnormal children with 767 places and 3 residential schools with 243 places.

Cedar Hall Day Special School, Thundersley, was opened during the year and Dr. D. A. Smyth, the Divisional School Medical Officer, in his report states :—

As anticipated in my previous report, the opening of Cedar Hall Day Special School midway through 1966 has led to a considerable improvement in this field as can be seen from the figure of children awaiting

placement at the end of the year quoted in the table on Handicapped Pupils. Of the children already attending Moat House Special School from this area, those aged 13 years and upwards continued to do so after the opening of Cedar Hall. Those under the age of 13 years, however, were transferred to the newly opened Day Special School.

To cater for the needs of the South-East Essex area, the purpose-built Cedar Hall Day Special School in Thundersley was opened on the 6th June, 1966. The school is equipped for the reception of 120 E.S.N. girls and boys from the age of 7-16 years. Prior to its opening, the Headmaster, Mr. S. T. Kirt, gave talks to clubs, societies and parents interested in the project and this appears to have brought about a greater understanding of the school's function locally. Parents too were invited and the Divisional Education Officer explained to them the facilities available at the then unfinished school and they are now given the opportunity to see Cedar Hall and discuss their child's problem before a placement is offered.

In September the Assessment Unit was opened for children aged  $4\frac{1}{2}$  years and upwards. The prime function of the Unit is to assess the potential of the children and to deal with their problems; children either move to infant school or progress to education at Cedar Hall; occasionally the more handicapped children are transferred to a junior (mental health) training centre for simple instruction.

Dr. J. D. Kershaw has kindly given me the following information in connection with the Kingswode Hoe Special School :—

The setting up of the assessment unit in this school was delayed by circumstances outside the authority's control and it was not possible for it to open before the end of 1966. It did, however, begin operations on a limited scale at the beginning of 1967. There are several important things which have to be borne in mind in respect of this unit. One is that of staffing; it is important that we should have a first-class teacher with the right training and experience in charge of the unit. Another is that many of the children who come into the unit will present emotional difficulties and may thus be difficult to manage both individually and as a group. As it becomes established we can hope to have in it at any given time a number of children who are becoming fairly well settled, who will act as something of a stabilising influence but we cannot count on this too far because the unit is intended essentially as a short stay place. However this may be, initially we must restrict our numbers quite severely—I would be reluctant to go beyond 5 or 6—but hope that as the first "intake" settle down we may build up the numbers gradually. The unit is essentially what its name implies. It will take in children for a limited time, assess their potentialities for education or training and then pass them on either to the school itself, to another school or to the training centre. It would be undesirable if there were a gap between leaving the

assessment unit and going on to whatever other place might be appropriate and this will compel us for the time being to confine ourselves to children who on admission would not be more than a year below the age at which children are acceptable to the entrance class at Kingswode Hoe School. I would certainly like to think in terms of taking in even younger children as time goes on and I hope that this may follow when we are able to think in terms of a younger entry age for the school as such.

I am glad to say that the increase of accommodation for E.S.N. children has made it possible to reduce the waiting list for the school and it is now common for children to be admitted within a term after they have been ascertained as educationally sub-normal. Where a child is kept waiting for longer than a term this is almost invariably due to either the unwillingness of the parents to accept a vacancy or the fact that the child is too young to be admitted to the school as at present constituted. As I said above I would like to hope that one of our future developments will be the provision of accommodation for younger children than we accept at present. Having regard to the I.Q. range which we cover I feel it is fair to say that children recommended for admission are usually not ready to start education as such until they reach the chronological age of seven but I am certain that some children could benefit by having a period of preparation or introduction from the age of about five.

The Hayward School, Chelmsford, continued throughout the year and in June 1966 a Diagnostic Unit administered by the School was opened in the Hall of the Church of the Ascension, Maltese Road, and there are 9 children on Roll. These include low grade E.S.N. children, a spastic child, an autistic child and a Mongol. The children are aged between six and eight years of age and have little or no schooling prior to having been admitted to the Unit. The Mongol boy, particularly, is subject to minor ills which necessitate frequent absence from school.

In Thurrock the two schools for E.S.N. pupils continued to operate throughout the year.

### **Children ascertained as Unsuitable for Education in School**

During the year, 66 children were ascertained as unsuitable for education in school and were referred to the Health Committee.

### **Maladjusted Pupils**

In 1966 there were 73 pupils newly ascertained as maladjusted making a total of 276 receiving special educational treatment. Of these, 259 were at residential special schools, 7 at day special schools, 2 at ordinary schools and 10 elsewhere. 46 children who had been ascertained were awaiting placement, and 42 children were also on the register but were not thought to require special placement.

The Doucecroft Hostel, Kelvedon, which accommodates 15 maladjusted boys, continued to operate throughout the year and the following is a report made by the Divisional School Medical Officer :—

Doucecroft Hostel has accommodation for 15 maladjusted boys who reside there in term time and attend local Primary, Secondary and Grammar Schools in the vicinity.

During the year, six boys left and six new boys were admitted.

Dr. Vincenzi gives psychiatric advice and sees the boys on request from the Warden.

During the year there has been a change of Assistant Warden but the Hostel was only three weeks without one. Some time ago the creation of an Assistant part-time Matron's post was approved but there were no suitable applications until September 1966 when the post was filled.

The Staff and especially the Warden and Matron continue to work devotedly to help the boys in the Hostel.

The Heath School, Stanway, Colchester, Homestead School, Colchester and Nazeing Park School, all continued to operate during the year and catered for 132 maladjusted children.

### Epileptic Pupils

Six children were newly ascertained during the year on account of Epilepsy and 13 children were receiving special educational treatment, 2 at day special schools, 8 at residential special schools and 3 elsewhere. Four children who had been so ascertained were still awaiting placement. In addition, 20 children were known to be epileptic but were not considered to need special educational treatment.

### Physically Handicapped Pupils

During 1966, 45 children were newly ascertained as physically handicapped; of these 10 were under 5 years. A total of 192 children were on the register as physically handicapped pupils requiring special educational treatment; 67 at day special schools, 85 at residential special schools, 10 at ordinary schools and 30 elsewhere. In addition 16 children who were ascertained as physically handicapped were awaiting placement in special schools and 171 children who were on the register as Physically Handicapped were not thought to require special educational treatment.

## B.C.G. VACCINATION

The scheme whereby school children and students in attendance at establishments for further education participated in the arrangements for vaccination to give protection against tuberculosis continued throughout the year, and the following table gives details of the vaccinations carried out :—

Division (1)	Number of children skin tested (2)	Positive reactions at preliminary test		Number of children who received B.C.G. vaccination (5)
		Number (3)	Percentage (4)	
North-East Essex .....	685	37	5.4	623
Mid-Essex .....	2,566	284	11.1	2,281
South-East Essex .....	689	9	1.3	671
West Essex .....	934	56	6.0	854
Harlow .....	1,034	111	10.7	855
Thurrock .....	1,231	115	9.3	1,038
Basildon .....	1,298	87	6.7	1,095
Colchester .....	1,233	23	1.9	1,149
Administrative County	9,670	722	7.5	8,566

## INFECTIOUS DISEASES

The Table in Appendix D to this Report gives the number of notifications of infectious and other notifiable diseases received during 1966 in respect of school children. The number of cases of measles notified in 1966 was considerably less than in 1965, i.e. 2,167 as against 6,913, but the notifications of whooping cough showed an increase of 41, i.e 183 in 1966 and 142 in 1965.

## HEALTH EDUCATION

As in the past years, Health Education has continued to expand especially in schools, technical colleges and youth clubs. The subjects concerned varied considerably: Sex Education (including V.D.), Drug Addiction, Smoking and Health, Prevention of Accidents, Parentcraft, Personal Hygiene and Nutrition were all part of the comprehensive Health Education programme.

In September 1966, a one-day training course on "Education and personal relationships" was held at the Medical Academic unit, Chelmsford and Essex Hospital, Chelmsford, for medical officers, health visitors and selected technical college staff, to assist them in equipping themselves to undertake this form of Health Education with college students. This course was arranged in conjunction with the Central Council for Health Education.

Following this, two further sessions at the Mid-Essex Technical College were arranged with groups of approximately 50 mixed students with staff of the Health Department and College in attendance as observers. The lectures were followed by discussion groups, reports and questions. These arrangements were very successful and it is anticipated this work will expand considerably in future.

An extensive Dental Health campaign similar to that which was held in Harlow has commenced in the West Essex Health Area and is progressing satisfactorily. Further reference to this will be found in the report of the Principal School Dental Officer.

The staff of the Health Department central office undertook campaigns and exhibitions on a number of subjects and also gave 78 film shows, a large number of which were to supplement Health Education talks by staff in the Divisions.

In the Divisions, Health Education continued to be undertaken by the appropriate staff. Dr. Miller Wood, Divisional School Medical Officer, Mid-Essex Division, reports, for example, that during the year 153 lectures were given to school children on varying subjects.

Dr. I. Ash, Harlow, reports :—

“ In November a group of senior boys and girls visited the Town Hall where the Divisional School Medical Officer explained to them the local authority health services.

The Chief Public Health Inspector of Harlow Urban District Council visited one school to talk to the senior girls about food hygiene. This is a subject of particular value to young people, some of whom will go to work in one or other of the food trades and many of whom will soon be running their own homes. Teaching them the importance of careful food handling contributes to the protection of both community and family health, and the staff of the Public Health Department of the Harlow Urban District Council would welcome further opportunities to participate in school health teaching programmes.”

## PHYSICAL EDUCATION

I am indebted, as in previous years, to the Chief Education Officer for the Report in Appendix F by the Senior Advisers of Physical Education.

## ROAD ACCIDENTS

Once again I have to thank the Chief Constable of Essex for the following information relating to road accidents in the County Police District in which children under 15 years of age were involved.

During 1966 there were 13 fatal accidents. Of the children concerned, 8 were killed as pedestrians, 4 as pedal cyclists and 1 other.

Child pedestrians injured .....	.....	.....	.....	.....	.....	527
Child pedal cyclists injured .....	.....	.....	.....	.....	.....	289
Children injured (other than as pedestrians or pedal cyclists)						366

*Casualties by age groups, 1966*

0—1 .....	.....	19(1)
1—2 .....	.....	28
2—3 .....	.....	56
3—4 .....	.....	59
4—5 .....	.....	71(1)
5—6 .....	.....	101(1)
6—7 .....	.....	97(1)
7—8 .....	.....	103(3)
8—9 .....	.....	90
9—10 .....	.....	96
10—11 .....	.....	83
11—12 .....	.....	74(1)
12—13 .....	.....	87(2)
13—14 .....	.....	108(1)
14—15 .....	.....	110(2)
<hr/>		
Total .....	.....	1,182

The figure in brackets denote the numbers killed.

The main causes of these accidents and the age groups involved were as follows :—

	Pedestrians	
	0-5 years	6-15 years
Pedestrians crossing road not masked by moving or stationary vehicle .....	.....	45      230
Pedestrians crossing road masked by vehicle .....	.....	36      108
Pedal Cyclists		
	0-5 years	6-15 years
Turning right without due care .....	.....	—      56
Inattention or attention diverted .....	.....	—      27
Cyclists pulling from nearside or offside without due care .....	.....	—      19
Turning left without due care .....	.....	—      17
Losing control or inexperienced .....	.....	—      17

Children under 15 were involved in 1,092 accidents, children from 0—5 were responsible for 106 accidents and from 6—15 years for 638 accidents.

## APPENDIX A

### MEDICAL INSPECTION AND TREATMENT RETURN FOR THE YEAR ENDED 31st DECEMBER, 1966

#### Part I.—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

**Table A.—Periodic Medical Inspections**

Age Group inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)			Total individual pupils
		Satisfactory No.	Unsatisfactory No.		for defective vision (excluding squint)	for any other condition recorded at Part II		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
1962 and later	426	424	2	—	1	22	23	
1961	6,125	6,122	3	—	101	306	392	
1960	9,082	9,071	11	—	149	411	538	
1959	1,433	1,432	1	21	36	58	91	
1958	489	489	—	427	15	14	29	
1957	296	295	1	169	11	16	26	
1956	2,571	2,570	1	30	75	66	136	
1955	6,251	6,248	3	247	198	174	356	
1954	2,562	2,562	—	65	102	67	165	
1953	906	906	—	—	41	38	78	
1952	2,929	2,926	3	—	162	122	274	
1951 and earlier	8,586	8,575	11	—	430	276	687	
TOTAL .....	41,656	41,620	36	959	1,321	1,570	2,795	

Col. (3) total as a percentage of  
Col. (2) total—99.91%

Col. (4) total as a percentage of  
Col. (2) total 0.09%

**Table B—Other Inspections**

Number of Special Inspections .....	.....	..	6,323
Number of Re-inspections .....	.....	.....	10,066
Total .....	.....	.....	16,389

**Table C—Infestation with Vermin**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .....	.....	.....	150,660
(b) Total number of individual pupils found to be infested .....	.....	.....	515
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .....	.....	.....	12
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .....	.....	.....	5

### Part III—Treatment Tables

**Table A.—Eye Diseases, Defective Vision and Squint**

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	3,105
Errors of refraction (including squint) .....	7,210
	<hr/>
Total .....	10,315
	<hr/>
Number of pupils for whom spectacles were prescribed .....	3,890
	<hr/>

**Table B.—Diseases and Defects of Ear, Nose and Throat**

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear .....	49
(b) for adenoids and chronic tonsillitis .....	2,468
(c) for other nose and throat conditions .....	124
Received other forms of treatment .....	1,324
	<hr/>
Total .....	3,965
	<hr/>

Total number of pupils in schools who are known to have been provided with hearing aids—

(a) in 1966 .....	46
(b) in previous years .....	207

**Table C.—Orthopaedic and Postural Defects**

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments .....	2,644
(b) Pupils treated at school for postural defects .....	41
	<hr/>
	2,685
	<hr/>

## Part II—Defects found by Medical Inspections during the Year

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS								SPECIAL INSPECTIONS	
		Entrants		Leavers		Others		Total			
		*(T) (3)	*(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)	(T) (11)	(O) (12)
4	Skin .....	53	459	114	349	104	276	271	1,084	403	74
5	Eyes— a. Vision	297	1,173	554	696	470	730	1,321	2,599	119	344
	b. Squint	92	194	15	35	29	72	136	301	9	20
	c. Other	8	81	8	71	5	88	21	240	9	9
6	Ears— a. Hearing	90	605	25	66	27	157	142	828	63	139
	b. Otitis Media	21	364	6	49	4	102	31	515	8	27
	c. Other	8	91	3	36	1	31	12	158	2	9
7	Nose and Throat	171	1,675	33	234	38	479	242	2,388	46	190
8	Speech .....	113	374	10	41	30	63	153	478	68	98
9	Lymphatic Glands	10	399	1	50	2	104	13	553	1	41
10	Heart .....	22	323	14	102	14	147	50	572	6	42
11	Lungs .....	24	474	5	132	1	199	30	805	9	62
12	Developmental— a. Hernia	17	60	2	10	5	27	24	97	3	8
	b. Other	18	520	10	174	39	377	67	1,071	12	61
13	Orthopaedic— a. Posture	10	134	13	148	8	134	31	416	8	37
	b. Feet .....	71	564	27	248	44	350	142	1,162	16	87
	c. Other	27	410	22	258	22	256	71	924	13	78
14	Nervous System— a. Epilepsy	4	36	4	31	2	37	10	104	1	15
	b. Other	5	195	—	55	1	88	6	338	5	14
15	Psychological— a. Develop- ment	18	277	3	87	10	182	31	546	52	72
	b. Stability	15	332	9	82	11	186	35	600	26	66
16	Abdomen .....	3	112	3	24	3	72	9	208	3	17
17	Other .....	32	129	23	90	11	76	66	295	56	88

\*(T)=Treatment.

(O)=Observation.

**Table D.—Diseases of the Skin (excluding uncleanness, for which see Table C of Part I)**

								<i>Number of pupils known to have been treated</i>
<b>Ringworm—</b>								—
(a) Scalp	.....	.....	.....	.....	.....	.....	.....	—
(b) Body	.....	.....	.....	.....	.....	.....	.....	1
Scabies	.....	.....	.....	.....	.....	.....	.....	4
Impetigo	.....	.....	.....	.....	.....	.....	.....	1
Other skin diseases	.....	.....	.....	.....	.....	.....	.....	1,682
							Total .....	1,688

**Table E.—Child Guidance Treatment**

								<i>Number of pupils known to have been treated</i>
Pupils treated at Child Guidance clinics	.....	.....	.....	.....	.....	.....	.....	2,544

**Table F.—Speech Therapy**

								<i>Number of pupils known to have been treated</i>
Pupils treated by Speech Therapists .....	.....	.....	.....	.....	.....	.....	.....	1,557

**Table G.—Other Treatment Given**

								<i>Number of pupils known to have been treated</i>
(a) Pupils with minor ailments	.....	.....	.....	.....	.....	.....	.....	1,004
(b) Pupils who received convalescent treatment under School Health Service arrangements	.....	.....	.....	.....	.....	.....	.....	112
(c) Pupils who received B.C.G. Vaccination	.....	.....	.....	.....	.....	.....	.....	8,566
(d) Other than (a), (b) and (c) above:—								
Enuresis	.....	.....	.....	.....	.....	.....	.....	135
							Total .....	9,817

## Dental Inspection and Treatment carried out by the Authority

### Inspections

(a) Pupils inspected at school .....	.....	.....	.....	91,324
(b) Pupils inspected at clinic .....	.....	.....	.....	20,554
Number of (a) and (b) found to require treatment				50,244
(c) Pupils re-inspected at school or clinic .....	.....	.....	.....	8,543
Number of (c) found to require treatment				4,503

### Treatment

Pupils treated .....	.....	.....	.....	26,121
Additional courses of treatment commenced .....	.....	.....	.....	3,075
Courses of treatment completed .....	.....	.....	.....	22,802
Visits to school clinics for treatment .....	.....	.....	.....	64,149
Visits for emergency treatment .....	.....	.....	.....	2,589
Fillings :				
(a) Permanent teeth .....	.....	.....	30,980	
(b) Deciduous teeth .....	.....	.....	21,051	
				52,031

### Teeth filled :

(a) Permanent teeth .....	.....	.....	26,670
(b) Deciduous teeth .....	.....	.....	18,681
			45,351

### Teeth extracted :

(a) Permanent teeth .....	.....	.....	3,138
(b) Deciduous teeth .....	.....	.....	12,070
			15,208

### General anaesthetics administered :—

By Dental Officers .....	.....	.....	43
Total .....	.....	.....	5,968

Pupils X-rayed .....	.....	.....	.....	.....	1,444
Prophylaxis .....	.....	.....	.....	.....	4,257
Teeth otherwise conserved .....	.....	.....	.....	.....	5,004
Teeth root filled .....	.....	.....	.....	.....	123
Inlays .....	.....	.....	.....	.....	12
Crowns .....	.....	.....	.....	.....	44

### **Orthodontics**

Cases remaining from previous year .....	.....	.....	.....	492
New cases commenced during year .....	.....	.....	.....	432
Cases completed during year .....	.....	.....	.....	271
Cases discontinued during year .....	.....	.....	.....	73
No. of removable appliances fitted .....	.....	.....	.....	569
No. of fixed appliances fitted .....	.....	.....	.....	15
Pupils referred to Hospital Consultant .....	.....	.....	.....	158

### **Prosthetics**

Pupils supplied with full upper and lower dentures (first time) .....	.....	.....	.....	2
Pupils supplied with other dentures (first time) .....	.....	.....	.....	74
Number of dentures supplied .....	.....	.....	.....	94

### **Sessions**

Sessions devoted to treatment .....	.....	.....	.....	9,870
Sessions devoted to inspection .....	.....	.....	.....	1,705
Sessions devoted to Dental Health Education .....	.....	.....	.....	112

## Child Guidance Tables, 1966

**Table 1—Cases referred, treated and closed at each clinic**

	Colchester	Chelmsford	Basildon	Grays	Harlow	All Clinics
Cases referred during 1966	240	306	416	193	292	1,447
Cases closed during 1966—						
Treatment complete	22	164	130	68	Not known	
Treatment incomplete	88	34	166	48	Not known	
Not treated	65	29	23	40	Not known	
Total	175	227	319	156	133	1,010
Cases on the books at the end of 1966—						
Awaiting first appointment	46	26	47	10	58	187
Under treatment	64	313	670	113	419	1,579
Others	234	96	214	144	—	688
Total	344	435	931	267	477	2,454

**Table 2—Cases referred by age, sex and Division**

Division	Under 5		Over 5		Total
	Boys	Girls	Boys	Girls	
North-East Essex	16	7	67	42	132
Mid-Essex	15	11	166	98	290
South-East Essex	14	10	65	34	123
West Essex	1	4	76	50	131
Harlow	11	9	105	46	171
Thurrock	9	7	125	52	193
Basildon	28	11	170	90	299
Colchester	10	7	71	20	108
Total	104	66	845	432	1,447

## APPENDIX C

### Children on the Handicapped Pupils Register

Sole or major handicap	Newly assessed as handicapped in 1966 All ages	Receiving special educational treatment				Requiring but not receiving special educational treatment		On register but not requiring special educational treatment Under 5 years
		At day special schools		At residential special schools*	Elsewhere	Total all ages	Total under 5 years	
		Under 5 years	All ages			All ages	Under 5 years	
Blind .....	—	—	1	24	—	25	—	—
Partially Sighted .....	11	4	15	29	2	46	2	11
Deaf .....	6	4	16	23	1	40	1	—
Partially Hearing .....	29	16	46	43	13	5	107	18
Physically Handicapped .....	45	10	67	85	10	30	192	6
Delicate .....	66	10	63	125	3	7	198	2
Maladjusted .....	73	1	7	259	2	10	276	1
Educationally Sub-normal .....	268	16	747	231	73	19	1,070	1
Epileptic .....	6	—	2	8	—	3	13	4
Speech Defects .....	1	1	—	4	—	—	1	—
Total Children .....	505	62	964	831	104	72	1,971	32
							300	11
								502
								17

\* Including independent boarding schools.

## APPENDIX D

## Notification of Infectious and Other Notifiable Diseases in Children between ages of 5 and 15, 1966

Division	Scarlet Fever	Whooping Cough	Measles	Dysentery	Food Poisoning	Tuberculosis Respiratory	Tuberculosis Other	Acute Pneumonia	Others*	Total
North-East Essex	....	17	16	—	197	—	—	4	—	236
Mid-Essex	....	49	19	—	777	18	1	2	—	867
South-East Essex	....	105	30	—	345	53	9	—	14	1
West Essex	....	54	47	—	212	58	1	2	—	557
Harlow	....	44	9	—	350	2	2	2	—	375
Thurrock	....	9	34	—	124	1	—	2	5	417
Basildon	....	32	14	—	120	2	—	1	5	175
Colchester	....	16	14	—	42	11	—	—	—	171
Total	....	326	183	—	2,167	145	15	5	30	83
										2,881

\* Four cases of meningococcal infection and one of paratyphoid fever.

## APPENDIX E

### Report following the visit by Mr. J. Rodgers, L.D.S., of the Department of Education and Science

I am directed by the Secretary of State for Education and Science and by the Minister of Health to say that they have had under consideration the report of one of their dental officers, Mr. J. Rodgers, made after his visit on 8th, 10th, 11th and 18th November, 1965, to review the Essex County Council Dental Services. References in this letter are to Joint Circular 8/62-20/62, in which Ministers asked authorities to review all aspects of their dental services.

I am to commend the Authority on the generally high standard of its dental service; the organisation is good, the output of work is satisfactory, and the ratio of teeth filled to teeth extracted is high. The difficulties of administering a dental service covering different types of divisions is fully appreciated. No doubt the Principal School Dental Officer's skill in organisation has contributed to the smooth and efficient running of the service. The inspection rate of 60% of school children is not, however, entirely satisfactory. More staff is an urgent requirement if the basic function of the School Dental Service of at least annual inspections of the whole school population, with treatment if needed, is to be provided.

The difficulties of recruitment are fully appreciated but the overall position is slowly improving. The recommendations and suggestions set out in Appendix II to the Joint Circular referred to above may help; in particular, the Authority may like to consider the possibility of creating several Senior Dental Officer posts to form a career structure which, as well as increasing efficiency, provides improved promotion prospects and assists in the recruitment and retention of staff. The offer of accommodation in areas where recruitment is most difficult may also help. The Authority may like to consider the employment of dental auxiliaries, who are particularly good in the treatment of young children, where the necessary two-surgery accommodation is available.

Dental health education is an important part of the Service and the Authority is to be commended on the special attention it is giving to this subject. The liaison between the Principal Schcol Dental Officer and the Health Education Officer has been particularly valuable in this field.

Importance is attached to an increase being made in the amount of dental care and, where needed, conservative treatment given particularly for young children under the age of five years, and it is hoped that it will be possible to improve this aspect of the service.

The standard of accommodation and equipment is generally high. The new clinics planned and under construction should add to the efficiency of the Service.

## APPENDIX F

### The following Report by the Senior Advisers of Physical Education has been submitted by the Chief Education Officer

As new comprehensive schools are being built, and other older ones formed, the Physical Education Advisers have spent a considerable time in planning sports halls and swimming baths since, when a school is large enough to require more than one space for teaching physical education it is possible to think of these alternatives to the conventional gymnasium.

#### Sports Halls

These are to be 104ft. by 54ft. (minimum dimensions) and will contain four badminton courts, one tennis court, one basket ball court, one netball court, one five-a-side football court, two cricket practice nets, a golf practice net, three volley ball courts, a folding squash court, and a climbing wall. Thus boys and girls will be taught and able to practise these games and activities, all of which have a most valuable carry-over value, after leaving school.

#### Swimming Bath

This bath covered and heated will have a pool 60ft. by 24ft. and a depth going to 6ft. These can only be provided in the larger schools. Thus with a gymnasium 70ft. by 40ft. equipped with gymnastic apparatus, a sports hall, an assembly hall, and possibly a swimming bath, the indoor accommodation for physical education will at last be able to cater for the needs of the school.

New enclosed baths are now being completed at Clacton County High School and Great Baddow Comprehensive School. As owing to cost it has not been able to include swimming baths in some schools permission has now been given to experiment with a " Package Deal " swimming pool. This is manufactured from fibreglass and the buildings are prefabricated so that the overall cost of the pool is greatly reduced. One is to be provided at Rochford Secondary School and the experiment is to be watched very carefully.

Although these facilities have been thought of for several years, and indeed planned in outline, it was during 1966 that the Physical Education Advisers and Architects have had to finalise their plans regarding floor and wall surfaces, equipment, etc.

In connection with the provision of these facilities, there have been many meetings and discussions regarding the dual use of the premises by the school, youth service and the public. There have been suggestions and, indeed, recommendations, that if sports halls and swimming baths could be financed jointly by the Education Committee and local Councils, bigger and better facilities could be provided. There are many problems to be solved before these recommendations can be put into effect, but the Education Committee is most sympathetic and very willing to consider any practical suggestions. Although such a

scheme has not yet been implemented, every effort is already being made to ensure that very full use is made of existing school physical education facilities by outside bodies, when they are not fully occupied by the school itself or the Youth Centre.

The Education Committee took over the magnificent facilities at the Crystal Palace National Recreation Centre for two new ventures. In three days over 100 school leavers sampled and practised sports and activities not normally available at school. Men and women teachers from Essex staffed these twelve different courses, which included archery, squash and fencing. The scheme is to be repeated next year. Incidentally, the Warden of the Centre said that the Essex children were the best behaved of any on the school leavers' courses held there.

In the week following these leavers' courses over 60 teachers attended the same Centre and underwent courses in various aspects of Physical Education. These were staffed mainly by the Essex Physical Education Advisers, and the courses are to be an annual event.

Use was made of the National Coaches throughout the County to conduct courses in addition to those frequently organised and conducted by the Advisory Staff.

All the School Sports' Associations are functioning successfully, many expanding, and it would be difficult to comment on any one of them. Specifically the teachers organising them cannot be praised too highly as they are spare-time jobs. One of their functions is the formation of national and inter-County competition and in all of these Essex teams are very highly placed. The senior man Physical Education Adviser was co-opted on to a working party to publish a booklet designed to assist Golf Professionals to teach golf to groups rather than individuals. The professionals who teach in schools for the Golf Foundation have already found it most useful.

Again Physical Education displays formed a very attractive part of the Education Exhibition at the County Show, where an award was won. Educational Dance, Gymnastics and Trampolining were shown to a very appreciative audience.

Although the value of school team games cannot be over-stressed, it is well known that children do not all fit in with these, and many positively dislike them. Thus the physical education programme allows more children to select an activity in which they can participate with enjoyment. If it is to encourage children, young adults and even those of more advanced age, to take some form of physical activity or exercise, then surely Essex is doing its part. It is so easy to cater for outstanding performers but the aim in this County is to give an interest in some aspect of Physical Education to everyone.

## APPENDIX G

### Report by Mr. B. R. Head, Senior Peripatetic Teacher for Partially Hearing Children

During 1966, the number of partially hearing children under the supervision of the peripatetic teachers has remained steady and some two hundred children are receiving attention. It is interesting to note that the proportion of pre-school, primary and secondary children remains very similar to last year, the numbers being as follows :—

			1966	1965
Pre-School	.....	.....	37	42
Primary	.....	.....	92	94
Secondary	.....	.....	69	55

Two new classes for partially hearing children were opened in Harlow in September. One class, for nursery/infant children and the other for juniors. The classes are attached to Tany's Dell Infants' and Junior Schools and are becoming fully integrated into their respective schools.

The number of pre-school children visited has fallen slightly due to the opening of the nursery/infant unit. This fall in numbers, and the appointment of a fourth teacher, Miss E. A. Dodson, has made it possible for pre-school children to be visited more frequently.

The number of speech training hearing aids available to parents has increased to fifteen. In addition, the National Deaf Children's Society has loaned three aids to Essex children.

There is often considerable delay in the supply of earmoulds, and children who have lost their moulds are occasionally unable to wear their aids for several weeks. In the case of very young, rapidly growing children it is essential for the mould to be changed at frequent intervals or "feed-back" will prevent the best results being obtained from the super power aids now in general use. The supply of ear moulds is, perhaps, a national problem rather than a County one but it would be helpful if the local services could be improved or augmented.

The resignation of Mr. Bates and the closing of the Audiology clinics has inevitably meant some delay in children being seen by otologists and it is hoped that the clinics will soon re-open.

It is satisfying to report that for the first year since 1960 there has been no significant increase in the number of partially hearing children known to the peripatetic teachers. Also, that during 1966 there were no cases of late or unduly delayed ascertainment.

## APPENDIX H

### School Meals Service

Miss A. J. Halsall, The School Meals Organiser, reports as follows :—

The number of children having a dinner on a typical school day in September 1966 was 107,608, this figure being 68% of the school attendance. It will be appreciated that this represents a considerable increase over the figures given for the previous year and there are indications that the rate is continually increasing. The charge for school dinners to day pupils at maintained schools has remained at 1s.

There has been considerable expansion in the Service during the year as 45 new kitchens have been opened, either at new schools or in old schools which have been remodelled. One new training kitchen was planned in conjunction with a new secondary school in Harlow and the opening of this centre means that the facilities for school meals training are now available in all parts of the County.

Following the report of the Working Party on the *Nutritional Standard of the School Dinner* published by the Department of Education and Science in the early part of the year, the Education Committee approved a report of the County School Meals Organiser indicating new lines of policy. The principal change is the introduction of variations in the size of the main dish portion for various age groups, the balance of the protein allowance being adjusted correspondingly by the use of additional dried milk for younger children. The introduction of "choice" meals in secondary schools is being encouraged and there is evidence that this policy is proving popular. It will be noted that the percentage of children having milk continues to decline.

A summary of the relative figures on the consumption of milk and meals is given below :—

Date	No. of Pupils	No. Having Dinner	Per cent. of Pupils		No. Having Milk	Per cent. of Pupils Having Milk
			Having Dinner	Milk		
Autumn 1960 .....	283,523	141,158	52.6		218,427	81.3
,, 1961 .....	273,139	143,444	52.5		223,879	81.9
,, 1962 .....	266,838	147,569	55.3		220,007	82.2
,, 1963 .....	261,110	147,668	56.5		217,203	80.8
,, 1964 .....	271,695	161,461	59.4		220,913	81.1
,, 1965 .....	154,360	100,382	65.0		122,847	79.5
,, 1966 .....	158,283	107,608	68.0		124,981	79.0

## APPENDIX I

### Report of Mr. George C. Robb, Psychologist to the Education Committee, on The School Psychological Service

The number of children assessed by the educational psychologists in 1966 was 3,200 in addition to which 1,100 interviews with parents have been reported. This figure includes 70 children from the Remand Home at Boyles Court.

Certain staff changes have taken place. These are specified in the reports of the relevant clinics.

Most of the psychologists have been involved in giving lectures to parent groups, in-service training to teachers, or to other bodies such as the Society for the Advancement of State Education. Two psychologists have attended a course of instruction at Manchester University on the development and administration of an entirely new intelligence test "The British Intelligence Scale" which it is hoped will become an extremely valuable instrument for the assessment of intellectual abilities.

#### West Essex

In September 1966 Mrs. I. Davis and Mr. A. Allison were appointed to work from the Harlow Clinic to serve schools in Harlow and West Essex. This completes the present complement of four educational psychologists based on the Harlow Clinic. Dr. Lowenstein, working from the satellite clinic at Loughton Hall, covers the Chigwell Urban District, Epping Urban District and Waltham Abbey Urban District. Mr. Allison is responsible for providing advice to schools in Dunmow Rural District, Epping and Ongar Rural District, two Secondary Schools in Harlow and their contributing Primary Schools and also Nazeing Park Residential School. Mrs. Davis covers three Harlow Secondary Schools with their contributing schools, including the primary schools in Nazeing and Roydon. She is also responsible for Stansted Secondary School with its contributing primary schools and for Hassobury Residential E.S.N. school. Mrs. Salaman covers three Harlow Secondary Schools with their contributing schools, including Sheering Primary, Saffron Walden Secondary School with its contributing schools in the northern part of the division, and the Harlow Opportunity Classes. The re-arrangement of areas came into effect in September 1966.

In part of the year, Mrs. P. Fraser, Assistant Educational Psychologist, has been given in-service training via the opportunity to work with the members of the Harlow clinic in the first instance and subsequently with Dr. Lowenstein in the Loughton area.

In order to try to meet the problem of the limited number of places at the Mead School, a further class of eighteen boys, nearly all of whom had been ascertained as educationally sub-normal, was started in September 1966 in a spare room at the Spinney School. This class has a rather wider age-range than the other classes. During the course of their first term the boys have settled down well and are making progress in reading.

#### Loughton Hall—satellite of Harlow Clinic

Some time after the institution of this satellite clinic by the Educational Psychologist a psychiatrist was appointed on a three session per week basis. There is also a part-time Psychiatric Social Worker and it is felt that more Psychiatric Social Worker and Psychiatrist time are required. The psychologist reports an increase in the work of the School Psychological Service this year and although it is true that much effective work is being done the needs of slow-learning children in the area will not be fully met until it is possible to make special provision for them in the form of a special school. Approval has still not been given by the Department of Education and Science to the change of use proposed for St. Nicholas Junior School, Loughton, from a normal junior school to a day E.S.N. school. If this approval is given then it should prove possible to offer a much better range of services to children and parents in the area.

#### Basildon

For the first six months of the year there was one full-time psychologist covering Basildon and South-East Essex, spending two full days a week in clinic (including one half-day at Hadleigh Clinic),  $1\frac{1}{2}$  days in Basildon schools, one day in South-East schools and one half-day on administration.

From July 1966 another full-time psychologist was appointed at Basildon who spent two days a week in clinic,  $2\frac{1}{2}$  days in Basildon schools and  $\frac{1}{2}$ -day on administration. More time was then given by the other psychologist to South-East Essex Schools. From September 1966 a third psychologist was appointed to South-East Essex Division. He spends full-time in South-East Essex schools and has spent a large proportion of that time completing a reading survey and discussing ways of solving educational problems with heads and class teachers.

The service to South-East Essex has, therefore, improved as far as schools are concerned by 500 per cent. and this has been reflected in the greatly increased number of referrals from that Division during the second half of the year.

Tutorial classes remain a most valuable method of treatment for disturbed children as they provide many of the aspects of group psycho-therapy, a sound social cultural environment for the deprived child and additional experience in a setting which helps the child to accept learning rather than reject it. Remedial teaching is offered when the child is ready to benefit from it.

There is an advantage also in preserving the continuity of a child's school experience, two sessions a week being less disruptive to his school life than continued attendances at an opportunity class or removal to a boarding-school would be. Thus, a number of children are given a trial period in tutorial classes before being finally recommended for special education.

It is hoped that these classes will provide a vital link between normal and special school when the new day school for maladjusted children is opened in 1968, both in giving trial periods before ascertainment and providing a "weaning off" process when a child becomes ready to return from the special school to normal school. For this purpose, it would be useful to have the tutorial classes sited close to the new school.

The present premises (three Corporation houses adapted) must be given up by July 1967 and the Education Committee have provided for two temporary huts to be sited at a local primary school. This will be inadequate as a permanent measure and will require eventually to be replaced by a permanent centre, which it is hoped will also accommodate the Remedial Classes.

### **Psychotherapy**

At present there is a vacancy for a psychotherapist and treatment is given mainly by the psychiatrists. Dr. Runes attends six sessions weekly and Dr. Browne two sessions. Several cases have also been seen regularly by the psychologists but group treatment has not yet been re-started.

Treatment by psychotherapy will have to be further restricted in the future unless more space can be provided at the clinic.

### **Accommodation**

When fully staffed, there are three psychologists, two psychiatrists, three social workers and full-time clerical assistants. The Child Guidance Clinic building has two offices (one exceptionally small), three consulting rooms, two tiny rooms and two play rooms, i.e. eight professional staff in five rooms. It will be necessary, therefore, to utilise one purpose-built playroom for an office and for some of the professional staff to share a room which makes impossible a fully effective use of educational psychologists' time.

To date all vacancies have been filled apart from two social workers and applications have been received for these posts.

(There will obviously be no space to accommodate tutorial and remedial staff at the Child Guidance Clinic when the premises in Honeypot Lane must be given up in July 1967.)

### **Proposals for future development**

1. A district survey of reading levels in primary and junior schools, with particular reference to lower junior classes was begun in 1966 and will be completed during 1967 in Basildon.

2. A meeting has been arranged to discuss exceptionally bright children whose needs may not be being met in the normal school programme. With the agreement of head teachers it is intended that such a survey be carried out during 1967.

3. It is hoped that a remedial library/demonstration centre can be set up at which advice can be given on methods, apparatus and general problems to class teachers in normal schools. Similar centres could be set up in South-East Essex but due to the geography of the area, it would be necessary to have three or four centres (perhaps temporarily accommodated in schools). A number of head teachers have expressed interest in such a scheme. Remedial teachers would be closely concerned and if suitably qualified would be able to run the service.

#### **South-East Essex—satellite of Basildon clinic**

As a result of a survey of reading ability of first-year juniors considerable progress has been made in helping schools to organise remedial classes themselves.

This, of course, will demand additional part-time staff attached to schools if it is to be effective. These part-time people need not be specially qualified as they may be used to relieve the class teacher to spend time on smaller groups.

Greater help is also found to be needed most urgently in infants' schools to prevent the later need for remedial teaching. One of the most difficult and common problems dealt with at later stages is the child who cannot progress because he has accepted failure. This is particularly the case with the unusually deprived child whose language development may be very limited at five years and hope of making progress in reading almost nil during the first years at school unless he can be given adequate play and language experience. He is often labelled backward before he reaches Junior age and becomes a difficult remedial problem.

#### **Thurrock—satellite of Basildon clinic**

It is a pleasure to be able to report that Mr. M. H. Siddiqui has now been awarded his Ph.D. and is continuing to give Mr. Ryan, his more experienced colleague, great help. Miss J. Armstrong, Assistant Educational Psychologist, has been attached to the clinic for in-service training, prior to secondment and benefited considerably.

Mr. Alam has left for the Mental Health Department prior to his secondment, and the clinic, therefore, no longer has a social worker. The psychiatric staff is unchanged except that Dr. Bates has been raised to Consultant status, making all three psychiatrists at the clinic now of Consultant status. Miss Justiz continues as psychotherapist, and the clerical staff is unchanged.

The lack of social workers at this clinic is a serious one. Currently the psychologists act as their own social workers from time to time but clearly this is a most unsatisfactory situation. It is felt that an extra 5 sessions for the psychotherapist would be of great help.

A comprehensive test of all children in special schools has been started. All the children in Branwood Open Air School have been tested and almost all those attending Treetops E.S.N. school. The object of this testing is to give the Head Teachers a comparative picture of abilities and attainments on individually applied tests.

Many lectures have been given to parent groups, school leavers, health visitor trainees, liberal studies students and youth employment officers.

Mr. Ryan has been carrying out extremely important work at the request of the Psychologist to the Education Committee, concerning the British Intelligence Test and a means by which a more accurate, and earlier assessment of the number of disturbed children may be possible. This has resulted in an overall drop in the number of children tested.

### North-East

No change in staffing has taken place. The Stockwell Street Class for children of Colchester and North-East Divisions has continued throughout the year. Some staff changes have resulted through illness and other demands on teaching resources. The progress made by the children attending this class is bound to be very slow but results so far have been gratifying. These children experience marked learning difficulties and are extraordinarily difficult to teach. It has been found that they can be helped by being trained to improve their ability to perceive and copy shapes accurately and to notice fine visual detail. For example, one of the boys can now manage simple arithmetic since he has been provided with a chart showing the shape and orientation of the figures. He is able to refer to this instead of having to face remembering the shape of the figure required as well as working out the arithmetical process.

The remedial teaching service has continued to flourish during the year in Colchester. In Clacton and Harwich the service has been extended through the co-operation of the Divisional Education Officer by the appointment of remedial teachers at West Mersea and Stanway Primary. Mrs. Pollard who was appointed in 1965 has given valuable assistance in helping new members and keeping in touch with the day-to-day running of the service.

The needs of St. John's Green Primary School were given special attention in view of the recommendation of the report by H.M. Inspectors. It was further found that some children who were both dull and maladjusted were a very disturbing influence in the school. These children were only first-year juniors and were not ready for formal learning. It was agreed that help given by the remedial mistress would be of some use, but that it would not really solve the

problem. The plight of these children and that of the school point to the need for a "day maladjusted class" in the first instance as a precursor to a day school for maladjusted children.

Many children whose emotional problems result in poor concentration, lack of attainments with consequent frustration and sense of failure, produce behaviour problems in the classroom. These could be helped by special classes which provide a combination of play-therapy and individual work at suitable levels.

If day-school provision were available, work could be done by the Clinic with the parents while the children remain within the family setting.

Visits by the clinic team were continued to St. Osyth College of Education during the Spring Term. The students were helped to see the immense value of play for children with emotional and learning difficulties, the effect of events at home on the behaviour of the children in the play group, and of the effectiveness of the remedial reading they were able to provide. The students were requested to prepare a detailed report on the value of child study.

The Heath School, Stanway, for senior maladjusted boys opened in January. Regular visits to Homestead and the Heath schools were made throughout the year; much time has been spent conducting interviews or testing new boys in some instances.

The testing of secondary school children in groups in Colchester schools for the purpose of the restandardisation of two widely used tests has been completed according to plan. When the collection of this data is complete it will be prepared for the computer. Results should be of considerable value both in Essex and to professional bodies elsewhere.

### Accommodation

As elsewhere in Essex where recruitment of psychologists has been possible there is here a real problem of accommodation. If, as seems not unlikely, it proves possible to appoint the third psychologist to complete the establishment of the Colchester clinic in September 1967, it is clear that the Officers concerned will not be able to operate as effectively as they might until there is adequate accommodation and clerical staff.

### Mid-Essex

At the beginning of 1966 a third psychologist, Mr. Povey, took up work in Mid-Essex, concentrating on the Brentwood area in preparation of a satellite Clinic to be established there in the future. He also shared with the other two psychologists the school psychological work in the Dunmow and Ongar areas which, although part of West Essex, were without a psychologist for the first nine months of the year. The Mid-Essex psychologists no longer serve West Essex schools as that Division is now fully staffed.

On the whole the psychologists' work has changed very little in character but there have been some developments which must be noted.

The Remedial Department has expanded further and the Clinic have been fortunate in acquiring the services of a full-time Remedial Teacher of very wide experience, Miss D. Zwarenstein. This has enabled the clinic to give a great deal more remedial help than in the past. All the Remedial Teachers work in close consultation with the Educational Psychologists. This also applies to the Peripatetic Teachers, who are now four in number and who serve the rural schools of Mid-Essex, giving valuable assistance to small schools which would otherwise not be able to provide remedial facilities for the retarded pupils.

The Clinic are frequently approached by University Departments and Training Colleges to allow their students to visit, either for prolonged periods or on isolated occasions, with a view to observing aspects of the work and discussing it. During 1966 a psychology student from Leicester University spent a month at the Clinic and a number of teachers in training sat in during remedial teaching sessions and also undertook a certain amount of teaching themselves.

Last July one of the psychologists, Miss Falk, was asked to act as translator during the International Conference of Special Education at Avery Hill Training College, London, and was entrusted with the translation of lecture summaries from French and German into English, and also with the arrangements for Russian and Spanish translations.

During 1966 a very close link was maintained between the psychologists and the Hayward School, the Chelmsford Day School for educationally subnormal pupils. The Diagnostic Unit attached to the school was visited frequently and the needs of the members of the unit were discussed with the staff. Individual children were also interviewed by the psychologists at the Headmaster's request.

Owing to growing pressure for places at the school the need for units of educationally subnormal children in other parts of Mid-Essex has become a matter of urgency. The Braintree area appears to merit priority in this respect, but Maldon would also benefit from a similar type of service.

The establishment of an opportunity class for a small number of disturbed children was sanctioned during 1966 and it is envisaged that during the current year such a class will, in fact, be formed. Its siting and staffing still presents a problem, which it is hoped will be overcome during 1967.

The work of the clinic has unfortunately been hampered in some ways by the limitations of the premises, which it has not so far been possible to extend and although there will be one additional room available during 1967 this alone will not be adequate. The degree to which the present premises are inadequate has been disguised by the fact that it has not been possible to fill the posts of psychotherapist, fourth psychologist or the third psychiatric social worker.

(Members may wish to note that a full-time psychotherapist was appointed to the staff of this clinic in April 1967 and that it is extremely likely that the fourth educational psychologist will take up his responsibilities in September 1967. Clearly it is in the children's best interests for the officers concerned to be appointed as they become available, given the scarcity of supply, but it should be understood that the present premises were allocated for the use of a significantly smaller team than the present one.)

It has not yet proved possible to obtain suitable premises within which a satellite clinic could be set up at Brentwood. The psychologist on the establishment of the Chelmsford clinic has nevertheless been affording schools in the Brentwood area a relatively local service working from Crescent Road Infants' School within which a certain amount of accommodation has been available. It is the case that not until suitable premises have been obtained in the Brentwood area will schools, families and children in that area receive an optimal psychiatric and psychological service. The psychologist has had to act as his own social worker since it has not proved possible to fill the establishment on the Chelmsford clinic. The psychologist working in the Brentwood area has also been carrying out some assessments of boys at Boyles Court Remand Home. This is, of course, in addition to the normal responsibilities of an educational psychologist since Boyles Court is not administered by the Education Committee.

### General Comments

During this year the number of psychologists employed by the Committee rose to 16 and inevitably the range of special interests and abilities has widened. This is a healthy development since the range of problem being encountered in Essex schools will continue to increase with the number of school children. The psychologists have been active throughout Essex in lecturing to teachers, parent groups and other bodies interested in education.

The Psychologist to the Education Committee has worked in the closest co-operation with his colleagues in the Inspectorate and with all concerned with the in-service training of teachers. The experiment concerning the use of objective tests with fourth-year secondary selective course children to facilitate an improvement of the Careers Guidance being given them has continued and conferences of Head Teachers in Essex and similar bodies outside Essex have been interested to hear of the progress of this experiment, in these terms unique to Essex.

The experiment being conducted at the Brentwood College of Education into the means by which schools can meet the needs of very highly intelligent children has been supported by the psychologists who have carried out individual assessments of all the children.

The Psychologist to the Education Committee has played an active part in the in-service training of teachers in association with the Tutor/Organiser. Many lectures have been given to Essex teachers on special courses and on courses organised by the Psychologist to the Education Committee in person.

## APPENDIX J

### MINOR AILMENTS CLINICS

#### **COLCHESTER (DELEGATED)**

Health Services Clinic, Shrub End, Colchcster .....	Friday p.m.
Central Clinic, East Lodge Court, High Street, Colchester .....	Mondays to Fridays p.m.
Health Services Clinic, Queen Elizabeth Way, Colchester .....	Wednesdays p.m.

#### **NORTH-EAST ESSEX DIVISION**

Health Services Clinic, 407 Main Road, Dovercourt .....	Tuesdays a.m.
Health Services Clinic, Colchester Road, Halstead .....	Wednesdays a.m.
Health Services Clinic, 31 Skelmersdale Road, Clacton-on-Sea .....	Mondays p.m.
New Church Schoolroom Brightlingsea .....	Wednesdays p.m. } In conjunction with C.W.C.s

#### **MID-ESSEX DIVISION**

Health Services Clinic, Coggeshall Road, Braintree .....	Tuesdays a.m.
Health Services Clinic, Burnham-on-Crouch	4th Friday a.m.
Health Services Clinic, Coval Lane, Chelmsford .....	Mondays a.m.
Health Services Clinic, Wantz Chase, Maldon .....	1st, 3rd and 5th Fridays a.m.
Health Services Clinic, Melbourne Avenue, Chelmsford .....	2nd Tuesday a.m.
St. Peter's Room, Coggeshall .....	2nd Monday a.m.
St. Mary's, Kelvedon .....	3rd Friday a.m.
Health Services Clinic, Guithavon Street, Witham .....	1st and 3rd Thursday a.m.
Health Services Clinic, 39 Queen's Road, Brentwood .....	Tuesdays a.m.
Health Services Clinic, Cherry Avenue, Brentwood .....	1st, 3rd and 5th Tuesdays a.m.
Health Services Clinic, Coram Green, Hutton, Brentwood .....	2nd and 4th Wednesdays a.m.
Health Services Clinic, Lilac Close, Moul- sham Estate, Chelmsford .....	4th Thursday p.m.

#### **SOUTH-EAST ESSEX DIVISION**

Health Services Clinic, Great Wakering	Mondays a.m.
Health Services Clinic, Rocheway, Rochford .....	Wednesdays a.m.

### **South-East Essex Division—continued**

Health Services Clinic, Eastwood Road, Rayleigh .....	Tuesdays and alternate Saturdays a.m.
Health Services Clinic, Kenneth Road, Thundersley .....	Thursdays a.m.
Health Services Clinic, Furtherwick Road, Canvey Island .....	Mondays a.m.
Health Services Clinic, High Road, South Benfleet .....	2nd, 3rd and 5th Fridays a.m.
Health Services Clinic, London Road, Hadleigh .....	Tuesdays a.m.
Health Services Clinic, Spa Road, Hockley	2nd and 4th Wednesdays a.m.
Health Services Clinic, Essex Way, South Benfleet .....	1st and 3rd Thursdays a.m.
Health Services Clinic, Ferry Road, Hull- bridge .....	1st and 3rd Wednesdays a.m.

### **THURROCK DIVISION**

Health Services Clinic, Hall Road, Aveley, South Ockendon .....	Thursdays a.m.
Health Services Clinic, London Road, Purfleet .....	1st Tuesday p.m.
Health Services Clinic, Grays Park, Bridge Road, Grays .....	Wednesdays a.m.
Health Services Clinic, Newton Road, Tilbury .....	Fridays a.m.
St. Margaret's Hall, Corringham Road, Stanford-le-Hope .....	1st, 3rd, 4th and 5th Thursdays a.m.
107 South Road, South Ockendon .....	Mondays a.m.
Health Services Clinic, Stifford Long Lane, Grays .....	Thursdays a.m.
Health Services Clinic, River View, Chad- well St. Mary .....	Mondays a.m.
Health Centre, Darenth Lanc, South Ockendon .....	Tuesdays and Fridays a.m.
Health Services Clinic, Community Centre, Horndon-on-the-Hill .....	1st Thursday p.m.
Health Services Clinic, Old Age Pen- sioners' Memorial Hall, Corringham	Tuesdays a.m.

### **WEST ESSEX DIVISION**

Health Services Clinic, 56 New Street, Dunmow .....	2nd Monday a.m.
Health Services Clinic, 15 Regent Road, Epping .....	1st and 3rd Tuesdays a.m.
Health Services Clinic, Loughton Hall, Rectory Lane, Loughton	Wednesdays a.m. and alternate Thursdays a.m.

## West Essex Division—continued

Health Services Clinic, 69 High Street, Saffron Walden .....	Every Tuesday a.m., except last in each month
Central Hall, Stansted .....	2nd Thursday a.m.
Health Services Clinic, The Cedars, Sewardstone Road, Waltham Abbey .....	2nd and 4th Monday a.m.
Health Services Clinic, Bowes Field, Ongar .....	Tuesday a.m.

## HARLOW DIVISION

Addison House, Fourth Avenue, Harlow .....	Alternate Mondays a.m.
Nuffield House, The Stow, Harlow .....	Alternate Fridays a.m.
Keats House, Bush Fair, Harlow .....	Every Wednesday a.m.

## BASILDON DIVISION

Health Services Clinic, Laindon Road, Billericay .....	Thursdays a.m.
Health Services Clinic, Craylands, Timber- log Lane, Basildon .....	Wednesdays a.m.
Health Services Clinic, Great Oaks, Basildon .....	Fridays a.m.
Health Services Clinic, Florence Road, Laindon .....	Tuesdays a.m.
Health Services Clinic, High Road, Pitsea .....	Thursdays a.m.
Health Services Clinic, Nevendon Road, Wickford .....	Mondays a.m.

## SPECIALIST CLINICS

Type of Clinic	No. of Sessions Monthly	Name of Specialist
Colchester Division :		
Ophthalmic .....	14	Dr. H. S. Sweet
North-East Essex Division :		
Ophthalmic .....	8	Dr. H. S. Sweet
Ear, Nose and Throat .....	1	Mr. J. M. Green
Audiology .....	2	
Mid-Essex Division :		
Ophthalmic .....	24	Mr. Das-Gupta Dr. J. J. Reilly Dr. H. S. Sweet Mr. Paton
Audiology .....	2	
South-East Essex Division :		
Ophthalmic .....	7	Dr. B. C. Dench
Audiology .....	2	

**Specialist Clinics - continued**

Type of Clinic	No. of Sessions Monthly	Name of Specialist
Thurrock Division : Ophthalmic .....	14	Dr. W. H. Clark
In addition there are 16 Orthoptic sessions a month		
West Essex Division : Ophthalmic .....	6	Dr. A. G. Karseras Dr. W. Laybourne
Orthopaedic .....	1	Mr. K. Dalliwall
In addition there are 2 Physiotherapy and 2 Orthoptic sessions a week		
Harlow Division : Orthopaedic .....	4	Mr. H. Poiriea
Basildon Division : Ophthalmic .....	12	Dr. B. G. Dias Dr. W. H. Clark

## CHILD GUIDANCE CLINICS

Address of clinic (1)	Estimated population served (2)	Establishment of staff			Post filled as at 31.12.66 (4)	No. Weekly Sessions (5)
		(3)	(4)	(5)		
Winsley House High Street Colchester	31,000	Psychiatrists (Part-time—7 sessions weekly) Psychologists (Full-time—3) Psychiatric Social Workers (Full-time—2) Psychotherapist (Full-time—1) Remedial Teacher (Full-time—1) Clerks (Full-time—4)	.... .... .... .... .... ....	.... .... .... .... .... ....	2 (7 sessions) 2 2 1 — 3	7 — — — — —
146 Broomfield Road Chelmsford	38,250	Psychiatrists (Part-time—9 sessions weekly) Psychologists (Full-time—4) Psychiatric Social Workers (Full-time—3) Psychotherapist (Full-time—1) Remedial Teacher (Full-time—1) Clerks (Full-time—4) Social Worker	.... .... .... .... .... .... ....	.... .... .... .... .... .... ....	2 3 1 (full-time) — 4 (part-time) 1 (full-time) 4 (4 part-time) 1 (part-time)	9 — — — — — — —
Great Oaks Basildon	40,514	Psychiatrists (Part-time — 6 sessions weekly + 2 temporary sessions) Psychologist (Full-time—4) Psychiatric Social Workers (Full-time—2) Psychotherapist (Full-time—1) *Remedial Teacher (Full-time—4) Clerks (Full-time—4) Social Worker	.... .... .... .... .... .... ....	.... .... .... .... .... .... ....	2 2 — — — — —	8 — — — — — —

\*Also working in School Psychological Service

CHILD GUIDANCE CLINICS—continued

Address of clinic (1)	Estimated population served (2)	Establishment of staff (3)	Posts filled as at 31.12.66 (4)	No. Weekly Sessions (5)
Whitehall Cottage Whitehall Lane Grays	20,500	Psychiatrists (Part-time—6 sessions weekly) .... Psychologists (Full-time—2) .... Psychiatric Social Workers (Full-time—2) .... Psychotherapists (1 Full-time) .... Social Workers (qualified) .... Clerks (Full-time—1 and Part-time—2 x 20 hours) Peripatetic Remedial Teacher (Full-time—1) .... Trainee Psychologist ....	.... .... .... .... .... .... .... .... ....	3 (6 sessions) 2 — — — — — — —
Galen House Town Centre Harlow	17,568 West Essex 21,788	Psychiatrists (2 Part-time—9 sessions weekly) .... Psychologist (Full-time—4) .... Psychiatric Social Workers (Full-time 3) .... Psychotherapist (Full-time—1) .... Clerks (Full-time 3) ....	.... .... .... .... ....	2 (9 sessions) 3 2 (1 full-time, 1 part-time) 1 3



